

annual report



1965

BOROUGH
of RHONDDA

MEDICAL OFFICER
of
HEALTH

&

R. B. MORLEY-DAVIES
M.B. B.C.H. B.S.C. D.P.H.

BOROUGH SCHOOL MEDICAL
OFFICER


R H O N D D A B O R O U G H C O U N C I L

H E A L T H A N D W E L F A R E D E P A R T M E N T

A N N U A L R E P O R T

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R . B . M O R L E Y - D A V I E S
M . B . , B . C h . , B . S c . , D . P . H .
Medical Officer of Health.



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HEALTH COMMITTEE

THE MAYOR - Alderman D. Murphy, J.P.

CHAIRMAN

Councillor - A. Williams

MEMBERS

Alderman E. J. Williams.

" (Mrs) C. M. Parfitt, J.P.

" T. R. Davies.

" I. Williams.

Councillor (Mrs.) G. Ellis.

" Ll. Davies.

" C. J. Thomas.

" W. G. Phillips.

" C. R. Powell.

" L. G. Jones.

AND THE CHAIRMAN OF FINANCE COMMITTEE - Alderman A. Davies.

HOUSING COMMITTEE

THE MAYOR - Alderman D. Murphy, J.P.

CHAIRMAN

Councillor - R. Matthews.

MEMBERS

Alderman E. J. Williams.

" I. Williams.

" T. R. Davies.

" (Mrs.) C. M. Parfitt, J.P.

Councillor (Mrs) G. Ellis.

" Ll. Davies.

" A. Williams.

" C. J. Thomas.

" W. G. Phillips.

" J. Gwyn.

" C. R. Powell.

" L. G. Jones.

AND THE CHAIRMAN OF FINANCE COMMITTEE - Alderman A. Davies.

RHONDDA HEALTH AND WELFARE SERVICES COMMITTEE.

The Mayor - Alderman D. Murphy.

Chairman - Alderman (Mrs.) C.M. Parfitt, J.P.

All members of the Borough Council:-

Alderman E. J. Williams.

" E. M. Davies.
" G. L. Wales, O.B.E., J.P.
" S. Mitchell, O.B.E., J.P.
" (Mrs.) E. Jones.
" I. Williams.
" T. R. Davies.
" R. D. Jayne.
" A. Davies.

Councillor J. H. Lewis.

" (Mrs) G. Ellis.
" I. I. Jones.
" W. D. Hughes.
" T. J. Davies.
" Ll. Davies.
" J. G. Elias.
" D. Lewis.
" A. Williams.
" D. L. Thomas.
" B. J. Jones.
" C. J. Thomas.
" W. G. Phillips.
" F. S. Tudball.
" S. H. L. Jones.
" (Mrs.) M. Davies.
" C. E. Winter.
" J. S. Morris.
" W. D. Jones.
" R. Newman.
" R. Matthews.
" (Mrs.) O. J. Leebrook.
" J. Gwyn.
" J. H. Warren-Morgan.
" S. H. McEllistrim.
" J. I. Evans.
" C. R. Powell.
" (Mrs) M. E. Collins.
" D. J. Davies.
" L. G. Jones.
" D. E. Hughes.
" C. G. Carroll.
" R. C. Lendrum.

Co-opted Members:-

Mr. L. B. Rothero.
Mrs. G. Burton.
Mrs. P. H. Gard.
Mrs. E. Richards.
Mrs. A. M. Vaughan.
Mrs. W. G. Williams.
Mrs. C. M. Wiltshire.

Staff of the Health and Welfare Department.

Medical Officer of Health

R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.

Deputy Medical Officer of Health

J. P. J. Clarke, M.B., B.Ch., D.P.H. (part year)

P. M. Brown, M.B., B.Ch., D.P.H. (part year)

Assistant Medical Officers

Joy A. Mason, M.B., B.Ch.,

* S. Mahboob, M.B., B.S., K.E.M.C. (Lahore) (part year)

* J. Walsh, M.B., B.Ch.,

* Peter M. Brown, M.B., B.Ch., D.P.H. (part year)

B. E. Deere, M.B., B.Ch., D.P.H.

Sessional Medical Officers

* Honora C. Osborn, M.B., B.Ch.

Jane Williams

A. L. Alban

* Also engaged in School Health Service.

Area Dental Surgeon

T. Arfron Williams, B.D.S., L.D.S., R.C.S. (England)

Senior Dental Officer

R. I. Sheppard, B.D.S. (part year)

Sessional Dental Surgeons.

J. A. Norbury, L.D.S. (part year)

Alun R. Owen, L.D.S., R.C.S., (England)

Nursing Officer (Midwifery and Home Nursing).

Miss Iris H. Jones, S.R.N., S.C.M., S.R.F.N.,
Queen's Nursing Certificate.

Nursing Officer (Health Visitors/School Nurses).

Miss M. Betty Owen, S.R.N., S.C.M., S.R.F.N., H.V. Certificate.

Home Help Organiser.

Miss Mary E. Bowen, S.R.N., S.C.M.

Senior Chiropodists

Mr. A. L. James, M.Ch.S., S.R.N. (part year)
Mr. W. Jones.
Miss Y. Wilding, M.Ch.S.

Health Welfare Officers.

Mr. E. J. Powell, S.R.M.N.
Mrs. Janet Wilkins, S.R.M.N.
Miss M. John, Dip. N.A.M.H. (part year)
Mr. W. A. Evans, S.R.M.N. (part year)

Supervisor Junior Training Centre.

Mr. D. T. James, R.N.M.S.

Chief Clerk.

Selwyn Davies.

Administrative Assistant (Health Services Section).

David H. Evans, D.P.A., D.M.A. (part year)
Glanffrwd Evans, A.C.I.S. (part year)

Area Clerk (Welfare Services Section).

Howard M. Biley, Diploma in Social Science.

Chief Public Health Inspector.

(b.c.d.) C. J. Bumford. Tel. No. Pentre 3269.

District Public Health Inspectors

Telephone Numbers

(b.c.) R. M. Lewis	Ferndale 363
(b.c.) H. G. Thomas	Pentre 2276
(b.c.) J. Williams	Porth 2142
(b.c.) J. G. Evans	Tonypandy 2239
(b.c.) G. Llewellyn	Pentre 2319
(b.c.) V. L. Bryant	Tonypandy 3055
(b.c.) N. Griffiths (part year)	Pentre 2460
(b.) B. Howells	Pentre 2410
(b.c.) I. Williams (part year)	Tonypandy 2302
(b.c.) C. R. Morgan (part year)	Pentre 3375

Shops Inspectors.

(b.c.) H. G. Price	Ferndale 509
(b.c.) W. R. Thomas	Porth 2309

Meat Inspector

(b.c.) W. J. Gwyn (part year)
(b.c.) I. Williams (part year)

Tel. No. Porth 2217
Tel. No. Tonypany 2302.

Pupil Public Health Inspectors

H. Weeks
G. H. Williams

Public Analyst

W. E. Coles, B. Pharm., Ph.D., F.P.S., F.R.I.C.

NOTES

- (a) Holds the Public Health Inspectors' Certificate granted by the Royal Society of Health.
 - (b) Holds the Public Health Inspectors' Certificate granted by the Royal Society of Health and Public Health Inspectors' Education Board.
 - (c) Holds the Meat Inspectors' Certificate granted by the Royal Society of Health.
 - (d) Holds the Certificate in Sanitary Science granted by the Royal Society of Health.
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Health and Welfare Department,
Tydfil House,
Pentre, Rhondda.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF RHONDDA

November 1967.

Mr. Mayor, Ladies and Gentlemen,

I have the privilege to submit for your consideration my Annual Report for 1965, which deals with all the functions of the Department, i.e., the Environmental Health Services; the Personal Health Services; the Welfare Services and the School Health Service.

Once again, I would like to express my thanks to all the Members, the Chief Officers of the Council's other Departments, and the staff of my own Department for their continued support and assistance during the year.

Yours sincerely,

R. B. MORLEY-DAVIES

Medical Officer of Health.

B O R O U G H O F R H O N D D A

STATISTICAL SUMMARY FOR THE YEAR 1965.

Area	...	...	...	...	...	...	23,886 acres
Population (Census 1961)	...	...	...	...	...	...	100,314
Population (Estimate as at mid-year 1965)	...	...	...	...	...	...	98,530
Population (Estimate as at mid-year 1964)	...	...	...	...	...	...	99,130
Decrease in Estimated population 1964-1965							600
Estimated number of inhabited houses	...	...	...	...	...	...	29,916

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Rate per 1,000</u> <u>population.</u>
Live Births (as per S.D. 52)	837	754	1,591	16.15
(Comparability Factor of 1.03 gives Adjusted Birth Rate = 16.63 per 1000)				
(No. of Live Births notified during 1965 was - 1,569)				

				<u>Rate per 1,000</u> <u>live and stillbirths</u>
Stillbirths (as per S.D. 52)	16	20	36	22.13
Total live and stillbirths	853	774	1,627	16.15

				<u>Rate per 1,000</u> <u>live births.</u>
Infant Deaths (as per S.D. 52)				
Under 1 year				
Total	23	16	39	24.51
Legitimate	23	16	39	
Illegitimate	-	-	-	

Neo-natal Deaths (as per S.D. 52)				
Under 4 weeks	18	11	29	18.23

Illegitimate live births - 69 which is 4.34 per cent. of total live births.

	<u>No.</u>	<u>Rate per 1,000 live</u> <u>and stillbirths.</u>
Maternal Deaths (including abortion)	One	.61

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Rate per 1,000</u> <u>p opulation.</u>
Deaths (Registrar-General's Return - S.D. 25)	587	793	1,380	14.01
(Adjusted Death Rate - 15.97)				
Deaths (Registered in District)	807	599	1,406	

SECTION I

GENERAL AND VITAL STATISTICS.

GLAMORGAN (ADMINISTRATIVE COUNTY) - VITAL STATISTICS
1965

	Estimated Pop- ulation 1965	BIRTHS			DEATHS			INFANT MORTALITY		PERI-NATAL MORTALITY	
		Number of Births	Rate per 1, 000 population		Number of Deaths	Rate per 1, 000 population		Deaths under 1 year	Rate per 1, 000 live Births	Still births & deaths under 1 week	Rate per 1, 000 live & still births
			Crude	Adjusted		Crude	Adjusted				
England and Wales											
Administrative County	761,260	13,178	17.31	17.66	9,152	12.02	13.58	274	20.79	402	29.94
Urban Districts	526,490	9,072	17.23	17.75	6,537	12.42	14.16	203	22.38	295	31.89
Rural Districts	234,770	4,106	17.49	17.66	2,615	11.14	12.25	71	17.29	107	25.63
Health Division											
Constituent Districts											
Aberdare and Mountain Ash	38,900	663	17.04	18.57	597	15.35	15.50	19	28.66	21	31.25
Caerphilly & Gelligaer	29,380	486	16.54	16.54	370	12.59	14.98	15	30.86	12	24.34
Mid-Glamorgan	37,190	768	20.65	20.24	415	11.16	14.06	15	19.53	29	36.66
	35,070	690	19.67	19.67	416	11.86	15.30	14	20.29	21	29.37
	15,170	235	15.49	15.95	181	11.93	13.00	6	25.53	6	25.10
	21,510	371	17.25	17.94	258	11.99	14.27	5	13.48	11	29.02
Ogmore & Garw Urban	20,800	337	16.20	16.69	248	11.92	14.66	10	29.67	11	32.26
Porthcawl Urban	12,210	221	18.10	20.27	142	11.63	10.12	3	13.57	6	26.79
Penybont Rural	45,480	946	20.80	19.97	543	11.94	12.18	19	20.08	22	22.92
Neath and District	30,400	456	15.00	15.60	383	12.60	13.61	13	28.51	13	28.14
	40,870	674	16.49	17.15	485	11.87	14.36	15	22.26	24	34.88
Pontypridd & Llantrisant	28,650	595	20.77	19.73	274	9.56	12.24	10	16.81	18	29.61
Llantrisant	35,170	588	16.72	17.05	451	12.82	12.69	9	15.31	19	31.67
Port Talbot & Glyncorrwg	9,510	201	21.14	20.51	112	11.78	17.32	9	44.78	13	61.90
South East Glamorgan	51,810	892	17.22	17.05	525	10.13	13.78	20	22.42	26	28.70
	42,520	762	17.92	18.46	467	10.98	11.97	12	15.75	22	28.35
	53,420	816	15.28	14.82	592	11.08	10.75	11	13.48	17	20.61
	1,120	18	16.07	16.23	7	6.25	5.94	-	-	-	-
	21,580	405	18.77	20.08	160	7.41	12.15	5	12.35	5	12.25
	21,750	382	17.56	18.96	271	12.46	11.71	6	15.71	12	30.69
	14,500	253	17.45	18.85	158	10.90	10.79	5	19.76	7	27.24
West Glamorgan											
Gower Rural	25,450	411	16.15	17.28	314	12.34	13.33	8	19.46	13	31.03
Llchwyr Urban	30,270	417	13.78	15.57	403	13.31	13.58	6	14.39	14	32.63
Pontardawe Rural	98,530	1,591	16.15	16.63	1,380	14.01	15.97	39	24.51	60	36.88

Population

The Registrar-General's estimate of the mid-year population of the Borough in 1965 showed a decrease of 600 over that of the previous year and a natural decrease of 389.

Births

Live births notified during 1965 (as per S.D. 52) numbered 1,591 giving an adjusted birth rate of 16.63. 36 babies were still-born giving a stillbirth rate of 22.13.

Infant Deaths

39 infants aged under 1 year died during 1965. The distribution of these deaths by age and cause is shown in Table I.

TABLE 1.

TABLE SHOWING DISTRIBUTION OF DEATHS OF INFANTS
UNDER ONE YEAR BY AGE AND CAUSE.

CAUSE	WEEKS				MONTHS								ALL CASES.
	0-		1-		1-		3-		6-		9-1yr		
	M	F	M	F	M	F	M	F	M	F	M	F	
Congenital defect of Central Nervous System.	-	-	-	-	1	-	-	-	-	-	-	-	1
Congenital Defect of Cardio Vascular System.	-	-	-	-	-	-	-	-	-	-	-	1	1
Congenital Defect of Alimentary System	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia ...	1	2	-	2	-	1	-	-	-	-	-	-	6
Bronchitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastro enteritis	-	-	-	-	-	-	-	-	-	-	-	-	-
Prematurity ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Atelectasis ...	3	1	-	-	-	-	2	-	-	1	-	-	7
Prematurity and Atelectasis	-	-	-	-	-	-	-	-	-	-	-	-	-
Accident ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Others ...	10	4	3	1	2	1	-	1	-	-	1	1	24
All Causes ...	14	7	3	3	3	2	2	1	-	1	1	2	39

DEATHS

Table 2 shows the distribution of deaths during the year by cause and age, together with a gross division by sex. (Classified by cause at Health Department).

TABLE 2

Deaths in or belonging to the whole District at subjoined ages.												
CAUSE OF DEATH			All Ages	Under 1 yr	1 & Under 2	2 & Under 5	5 & Under 15	15 & Under 25	25 & Under 45	45 & Under 65	65 & Under 75	75 & Upward
Cols.	1		2	3	4	5	6	7	8	9	10	11
All Causes	(Certified	(Uncertified	1406	39	2	4	6	11	78	385	404	477
	M	F										
1. Tuberculosis, respiratory	11	2	13	-	-	-	-	-	-	5	7	1
2. Tuberculosis, other	1	-	1	-	-	-	-	-	-	1	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infection	1	-	1	1	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm-stomach	18	25	43	-	-	-	-	-	1	13	19	10
11. Malignant neoplasm-lung or bronchus	35	7	42	-	-	-	-	-	2	18	18	4
12. Malignant neoplasm-breast	-	28	28	-	-	-	-	-	3	16	2	7
13. Malignant neoplasm-uterus	4	4	-	-	-	-	-	-	-	1	3	-
14. Other malignant and lymphatic neoplasms	50	51	101	1	-	-	1	3	6	31	35	24
15. Leukaemia, aleukaemia	3	2	5	-	-	1	-	-	-	2	2	-
16. Diabetes	2	4	6	-	-	-	-	-	-	4	1	1
17. Vascular lesions of nervous system.	79	142	221	-	-	-	-	-	3	51	52	115
18. Coronary disease, angina	199	132	331	-	-	-	-	1	9	87	102	132
19. Hypertension with heart disease	37	33	70	-	-	-	-	1	5	19	19	26
20. Other heart disease.	38	27	65	-	-	-	-	-	2	16	20	27
21. Other circulatory disease	37	23	60	-	-	-	-	-	4	17	17	22
22. Influenza	1	1	2	-	-	-	-	-	-	1	1	-
23. Pneumonia.	39	36	75	6	-	-	-	-	1	17	17	34
24. Bronchitis.	77	10	87	-	-	-	-	-	-	21	43	23

Cont.

Cols.	1	M	F	2	3	4	5	6	7	8	9	10	11
25. Other diseases of respiratory system		46	7	53	7	-	-	-	-	4	17	17	8
26. Ulcer of stomach and duodenum.		5	1	6	-	-	-	-	-	1	2	1	2
27. Gastritis, enteritis and diarrhoea.		-	-	-	-	-	-	-	-	-	-	-	-
28. Nephritis and nephrosis		9	8	17	-	-	-	1	-	6	3	5	2
29. Hyperplasia of prostate		-	-	-	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth and abortion .		-	1	1	-	-	-	-	-	1	-	-	-
31. Congenital malformations		3	4	7	4	-	-	-	-	-	3	-	-
32A Rheumatic fever.		-	-	-	-	-	-	-	-	-	-	-	-
32B Pernicious anaemia		1	-	1	-	-	-	-	-	-	1	-	-
32C Convulsions		1	1	2	1	1	-	-	-	-	-	-	-
32D Old age		6	10	16	-	-	-	-	-	-	-	-	16
32E Other defined and ill defined diseases		51	28	79	19	1	2	2	-	3	19	17	16
33. Motor vehicle accidents		8	5	13	-	-	-	2	4	2	2	1	2
34A Road (other than motor accidents).		-	-	-	-	-	-	-	-	-	-	-	-
34B Colliery accidents		38	-	38	-	-	-	-	1	21	15	1	-
34C All other accidents		9	5	14	-	-	1	-	1	2	1	4	5
35. Suicide		2	2	4	-	-	-	-	-	2	2	-	-
36. Homicide and operations of war.		-	-	-	-	-	-	-	-	-	-	-	-
37. Cause Unknown.		-	-	-	-	-	-	-	-	-	-	-	-
RHONDDA		807	599	1406	39	2	4	6	11	78	385	404	477

Number of deaths registered in Rhondda in 1965 1,056

Number of deaths registered of persons normally resident outside Rhondda. 56

Number of deaths of Rhondda residents that occurred outside the district. 350

Actual number of registered deaths allocated to the district. 1,406

Crude death rate for Rhondda. 14.27 per 1,000 population.

Crude death rate for County of Glamorgan. 12.02 per 1,000 population.

TABLE 3.

Distribution of deaths by age, sex and month of occurrence.

	Age-Group and Sex																		
Month of Death	0-		1-		2-		5-		15-		25-		45-		65-		75+		All Ages
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
January	3	3	-	-	-	-	-	-	2	-	4	-	34	11	28	17	18	31	151
February	1	2	-	-	-	-	-	-	-	-	2	2	22	9	15	14	18	25	110
March	2	-	-	-	2	-	-	-	2	-	5	-	24	14	20	17	22	21	129
April	2	1	-	-	-	-	-	-	-	-	3	1	19	15	23	14	18	22	118
May	3	2	-	-	-	-	-	1	1	-	-	3	14	12	21	7	10	18	92
June	-	1	1	-	-	-	-	1	1	-	3	-	23	11	10	12	15	19	97
July	3	1	-	-	-	-	1	-	1	1	3	1	22	11	16	17	21	30	128
August	-	1	-	-	-	-	-	-	-	-	2	1	13	4	26	5	6	13	71
September	3	1	-	-	-	-	-	-	1	-	4	3	19	13	19	12	15	19	109
October	1	2	-	-	1	-	2	-	1	-	4	4	19	5	21	11	18	31	120
November	3	1	1	-	-	-	-	-	-	-	3	2	17	7	20	15	15	25	109
December	2	1	-	-	1	-	-	1	1	-	26	2	36	11	26	18	26	21	172
TOTAL	23	16	2	-	4	-	3	3	10	1	59	19	262	123	245	159	202	275	1406

TABLE 4.

Distribution of deaths by age, sex and place of occurrence
(Home or Hospital).

AGE - GROUP										
	0-	1-	2-	5-	15-	25-	45-	65-	75+	All Ages.
DOMICILIARY DEATHS										
M	3	-	2	2	3	47	124	135	130	447
F	1	-	-	2	1	11	67	96	170	348
Total	4	-	2	4	4	58	191	231	300	795
HOSPITAL DEATHS										
M	20	2	2	1	6	12	138	110	72	362
F	15	-	-	1	1	8	56	63	105	249
Total	35	2	2	2	7	20	194	173	177	611
ALL DEATHS.										
M	23	2	4	3	9	59	262	245	202	809
F	16	-	-	3	2	19	123	159	275	597
Total	39	2	4	6	11	78	385	404	477	1406

TABLE 5.

Percentage of all deaths occurring in hospital
by age and sex.

Age-Group	Males	Females	Total.
0	87	94	90
1-	61	40	57
25-	20	42	26
45-	53	46	50
65-	45	40	43
75+	36	38	37
All Ages	45	42	43

T A B L E 6

TABLE S.D. 25 OF THE REGISTRAR
GENERAL.

Causes of Death in Rhondda Borough during the Year 1965.

Causes of Death					Males	Females
All Causes					793	587
1.	Tuberculosis, respiratory	...	...	...	14	1
2.	Tuberculosis, other	...	...	...	-	-
3.	Syphilitic disease	...	...	...	-	1
4.	Diphtheria	...	...	...	-	-
5.	Whooping Cough	...	...	...	-	-
6.	Meningococcal Infections	...	...	...	1	-
7.	Acute Poliomyelitis	...	...	...	-	-
8.	Measles	...	...	...	-	-
9.	Other infective and parasitic diseases	...	...	...	1	1
10.	Malignant neoplasm, stomach	...	...	...	21	26
11.	Malignant neoplasm, lung, bronchus	...	...	...	36	8
12.	Malignant neoplasm, breast	...	...	...	-	29
13.	Malignant neoplasm, uterus	...	...	...	-	6
14.	Other malignant and lymphatic neoplasms	...	...	...	49	46
15.	Leukaemia, aleukaemia	...	...	...	4	2
16.	Diabetes	...	...	...	1	9
17.	Vascular lesions of nervous system	...	...	...	84	131
18.	Coronary disease, angina	...	...	...	189	109
19.	Hypertension with heart disease	...	...	...	15	11
20.	Other heart disease	...	...	...	48	63
21.	Other circulatory diseases	...	...	...	15	21
22.	Influenza	...	...	...	1	1
23.	Pneumonia	...	...	...	22	27
24.	Bronchitis	...	...	...	103	20
25.	Other diseases of respiratory system	...	...	...	53	7
26.	Ulcer of stomach and duodenum	...	...	...	2	2
27.	Gastritis, enteritis and diarrhoea	...	...	...	1	-
28.	Nephritis and Nephrosis	...	...	...	5	6
29.	Hyperplasia of prostate	...	...	...	4	-
30.	Pregnancy, childbirth, abortion	...	...	...	-	1
31.	Congenital malformations	...	...	...	5	4
32.	Other defined and ill-defined diseases	...	...	...	64	40
33.	Motor vehicle accidents	...	...	...	10	7
34.	All other accidents	...	...	...	42	6
35.	Suicide	...	...	...	3	2
36.	Homicide and operations of war	...	...	...	-	-

SECTION II

SANITARY CIRCUMSTANCES

WATER

The district derives the major part of its water supply from two main water undertakings. The Borough Council Supply serves the upper and middle portion of the Rhondda Fawr, with the exception of the greater portion of Cwmparc, which is supplied by the National Coal Board. The Joint Water Board supply the rest of the district with the exception of small groups of houses at Pontygwaith, Ynyshir and Penrhiwfer.

The Borough Water Engineer has provided the details in the following Table 7 regarding water consumption in the area supplied by the Council services:-

TABLE 7

Average daily consumption of water
in the Council's area of supply

(a) For trade purposes	...	...	300,000 galls.
(b) For domestic purposes	...	...	2,744,000 "
(c) As compensation water	...	...	- "
(d) To Neath R.D.C. (Bulk)	...	...	59,000 "
			<hr/> 3,103,000 <hr/>

Number of new services installed during the year giving
the number and situation of any groups of houses connected.

William Street, Treherbert	...	...	12
Cadwgan Road, Treorchy	...	...	2
Lower Terrace, Cwmparc	...	...	2
Nantgwyddon Road, Ystrad	...	...	14
Partridge Avenue, Llwynypia	...	...	6
Llewellyn Street, Penygraig	...	...	18
Other	...	...	2

Of the bacteriological examination of samples of water, three of the four samples obtained from various points on the system of distribution were reported on as being satisfactory. No samples were obtained from intakes to the Council's Supply. Of ten samples of Glamorgan Colliery Pit water, eight were reported on as being satisfactory.

DRAINAGE AND SEWERAGE

During the year, 9 defective sewers, formerly known as combined drains, serving 65 houses, were referred to the Borough Surveyor for attention and, in 70 other instances involving 363 houses, the reference to the Surveyor was after the service of statutory notices on the owners, and in cases where immediate action was necessary, in accordance with the provisions of Section 24 of the Public Health Act, 1936.

In addition, 174 houses, served by single drains, were referred to the Surveyor as a result of written authorisation from the owners.

CLOSET ACCOMMODATION

The number of houses in the district unconnected with the sewerage system at the end of the year amounted to 6, the majority of these houses are farmhouses, or cottages which are on isolated sites on the hillsides, or houses situated in such positions that connection with the nearest sewers is not possible.

The appended Table 8 which is compiled from the reports submitted by the public health inspectors, indicates the extent and character of the means of excrement disposal in the district at the end of 1965.

TABLE 8.

No. of privies with fixed receptacles (middens, etc.)	37
No. of privies with movable receptacles	3
No. of water closets (freshwater, cistern flushed)	29,588
No. of water closets (waste water)	-
No. of water closets (hand flushed)	255

PUBLIC CLEANSING

The scavenging of the whole district, with the exception of the portion of Gilfach Goch which is within the area, was undertaken by the Council by direct labour under the supervision of Mr. E. T. T. Rees, the Borough Engineer and Surveyor.

SANITARY INSPECTION OF THE AREA, 1965.

The sanitary inspection of the area was carried out by nine public health inspectors under the direct supervision of the Chief Public Health Inspector, and the following Table is a summary of the information relating to the work done during the course of the year:-

TABLE 9.

Infectious Disease Investigation	...	...	...	...	...	32
Infectious Disease Revisits and Disinfections	...	...	...	...	...	35
House Inspection:-						
Re-Visits to Unabated Nuisances	...	...	...	...	...	2,504
re Housing Act	...	...	...	...	...	777
re Nuisances	...	...	...	...	...	1,539
No action necessary	...	...	...	...	...	53
Work done without notice	...	...	...	...	...	32
Preliminary Notices issued	...	...	...	...	...	318
Statutory Notices served	...	...	...	...	...	320
Notices complied with - Preliminary	...	...	...	...	...	56
Notices complied with - Statutory	...	...	...	...	...	239
Applications re Advances for House Purchase	...	...	...	...	...	694
Rent Act Investigations	...	...	...	...	...	57
Improvement Grant Applications	...	...	...	...	...	1,259
Council House Applications	...	...	...	...	...	645
Interviews and Letters	...	...	...	...	...	2,521
Visits of Inspection to:-						
Shops re Food Hygiene Regulations	...	...	...	...	...	75
Shops re Unsound Food, etc.	...	...	...	...	...	203
Dairies and Milkshops	...	...	...	...	...	16
Slaughterhouses	...	...	...	...	...	156
Bakehouses	...	...	...	...	...	3
Ice Cream Vendors	...	...	...	...	...	1
Fried Fish Shops	...	...	...	...	...	1
Factories and Workshops	...	...	...	...	...	56
Scavenging Depots	...	...	...	...	...	39
Back Lanes	...	...	...	...	...	151
Piggeries	...	...	...	...	...	-
Sewers, Drains and Culverts	...	...	...	...	...	2,295
Common Lodging House	...	...	...	...	...	-
Meat Destroyed	...	...	...	...	...	1,527 lbs.
Meat offal destroyed	...	...	...	...	...	21,842 lbs.
Other foods destroyed	...	...	...	...	...	7,600 lbs.

There were 318 informal notices and 320 statutory notices served in the course of the year in respect of nuisances, housing defects and other contraventions of byelaws, and during the same period nuisances were abated or repairs effected in 32 instances without the service of notices, whilst 56 informal notices and 239 statutory notices were complied with. The local authority carried out work at 34 houses in default of owners served with statutory notices. These figures include the work shown in the table on housing statistics.

IMPROVEMENT GRANT SCHEME

1. Voluntary Grants.

The Council's Scheme of Improvements Grants has now been in operation for ten years and during the past four years grants have been paid as follows:-

1962	-	266
1963	-	315
1964	-	292
1965	-	269

The relatively low figure of 269 grants paid in 1965 was due to a standstill period imposed by the Council. The greater majority of applications for grant related to the adaptation of the pantry area into a fixed bath in a bathroom and the provision of facilities by the erection of a glass-roofed kitchenette over the back area.

2. Compulsory Improvement Grants.

Under, and by virtue of the provisions of Part II of the Housing Act, 1964, the Council enjoy powers for the compulsory improvement of tenanted dwellings to provide standard amenities. The Council have not yet exercised these powers.

The principal private landlord in the Borough area is the National Coal Board and the Board are following a declared policy of modernising the houses under their control through the medium of the Council's Scheme of Improvement Grants. In addition, the Council have made a small number of grants to landlords to modernise their tenanted properties.

PREMISES AND OCCUPATIONS CONTROLLED BY
BYELAWS, REGULATIONS OR ORDERS

The number of premises and occupations subject to control by byelaws, regulations or orders in the district was 99 as indicated in the subjoined table. The table excludes dairies on farms which are now under the supervision of the Ministry of Agriculture, Fisheries and Food:-

TABLE 10

Description	Total
Bakehouses	16
Dairies and Milk Shops	71
Common Lodging House	-
Slaughterhouses	4
Offensive Trades	8
	99

COMMON LODGING HOUSES

There are no common lodging-houses registered in the Borough.

SHOPS

Table 11 gives certain details of Shops and employees for 1965:-

TABLE 11

Number of shops in the District in 1964	...	...	...	...	1,617
New Shops established in 1965	...	...	...	...	24
Shops removed from the Register in 1965	...	...	...	...	39
Net decrease in Shops in 1965	...	...	...	...	15
Number of Shops in district in 1965	...	...	...	...	1,602
Number of Shops in which Assistants are employed	...	...	...	...	826
Number of Shops exempted from Weekly Half-Holiday Order	...	...	...	...	818
Number of Shops exempted from Weekly Half-Holiday Order and in which Assistants are employed	...	...	...	...	337
Number of Assistants in Exempted Shops	...	...	...	...	583
Number of Shops and other premises or businesses in which Young Persons are employed other than as Shop Assistants	...	...	...	...	27
Number of Young Persons employed other than as Shop Assistants	...	...	...	...	96
Legal Proceedings taken under Shops Acts during 1965	...	...	...	...	1

The detailed administration of the Shops Acts was continued by two shops inspectors who are also appointed as part-time public health inspectors in accordance with the Public Health Officers Regulations, 1959. The inspectors render occasional assistance in the general duties of the public health inspector.

The following summary provides information as to the main activities of the Shops Inspectors during the year

Observation Duty - number of hours 348

Visits to Shops -

Food Hygiene Regulations	1, 523
Primary routine inspections	2
Re-inspections	176
Regarding hours of employment, meal-times, etc. ...	17
For de-registration	5
Unsound Food... ..	141
Other Visits	133

Notices Issued -

Re Food Hygiene Regulations	4
Re Shops Act... ..	139

Number of Warnings given -

Sampling Action (Food and Drugs Act) No. of hours 748

There were no defects reported upon as having been discovered or remedied in shops during the year.

OFFICES, SHOP AND RAILWAY PREMISES ACT, 1963.

The following Table No.12 gives particulars of the premises registered with this authority during the year which received a general inspection. The two Shops Inspectors carried out general inspections of 594 registered premises, and also paid 2, 678 visits of all kinds to registered premises.

TABLE 12

Class of Premises	Registered during year	Total Registered at end of year	General Inspections
Offices	12	128	122
Retail Shops	27	479	382
Wholesale Shops, warehouses	1	16	16
Catering establishments, canteens	2	77	74
Fuel storage depots	-	-	-
TOTALS	42	700	594

An analysis of persons employed in the registered premises by workplace during 1965 is shown in Table 13.

TABLE 13.

Class of Workplace	Number of Persons Employed
Offices	921
Retail Shops	1, 776
Wholesale departments, warehouses.	125
Catering establishments	358
Canteens.	6
Fuel storage depots	-
TOTAL	3, 186
Total Males	1, 333
Total Females	1, 853

No applications for exemption certificates were received by the Council.

The Shops Inspectors did not report any case during the year in respect of which it was necessary to institute legal proceedings for any contravention of the provisions of the Act.

The Shops Inspectors did not report any case during the year in respect of which it was necessary to institute legal proceedings for any infringement of the Shops Act and the Closing Orders made thereunder.

One Shops Inspector reported a case during the year in respect of which it was necessary to institute legal proceedings for an infringement of the Food Hygiene Regulations. At the Porth Magistrates' Court on the 7th October, Peglers Stores Ltd., were fined a total of £80 in respect of four summons relating to dirty shop premises at 30 Trehafod Road, Trehafod. Advocates fees amounted to £15. 15. 0d. The Manageress of the shop was fined £10 together with costs of £3. 3. 0d.

No applications were received by the Council during the year for certificates under Section 38(6) of the Shops Act, 1950, giving exemption from the obligation to provide and maintain suitable and sufficient sanitary conveniences for the use of persons employed in or about a shop.

FACTORIES.

The total number of premises in the district affected by the Factories Act, 1961, is 524, made up in Table 14.

TABLE 14.

	Total	Without Mechanical Power	With Mechanical Power
Factories	479	143	336
Bakehouses	16	1	15
Building Operations	9	-	9
Electrical Stations	7	-	7
Outworkers	13	13	-
	524	157	367

The public health inspectors paid 3 visits to bakehouses and 56 visits to other premises embraced by the Act, during the course of the year.

The appended tables provide information relating to the trades carried on at the premises to which the above-mentioned Act applies, the inspections made during the year and the results of action taken in connection therewith.

TABLE 15.

1. Inspection for purposes of provisions as to health.

	Number of Premises	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories without mechanical power	143	2	-	-
Factories with mechanical power	336	54	-	-
Bakehouses without mechanical power.	1	-	-	-
Bakehouses with mechanical power	15	3	-	-
Other premises (excluding outworkers' premises) in which Section 7 is enforced by Local Authority.	13	-	-	-
Totals	508	59	-	-

2. Defects found.

TABLE 16.

	Number of Defects			No. of defects in respect of which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Sanitary Conveniences (S. 7)				
(a) Insufficient	3	-	-	-
(b) Unsuitable or defective	5	-	-	-
Other offences -				
Inadequate fire-escape	-	-	-	-
Unsatisfactory decoration of walls.	-	-	-	-
Totals	8	-	-	-

3. Outwork.

TABLE 17.

Nature of Work	Class	No. of Outworkers (August)	No. of instances of work in unwholesome premises
Making wearing apparel	1	1	-
Making of boxes or other receptacles, etc.	21	12	-
Making of boxes or other receptacles, etc., and making or filling cosaques, Christmas crackers, etc.	21/29	-	-
Making or filling cosaques, Christmas crackers, etc.	29	-	-
Total	-	13	-

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The above-mentioned Act repealed the Rag Flock Acts, 1911 and 1928, and is administered by the Borough Council as the Local Authority.

Two premises, an upholstering and bedding firm, and a clothing firm, are registered under the Act.

No samples of filling materials were submitted for analysis during the year.

Air Pollution.

No official proceedings were taken under the Clean Air Act during the year, although members of the Public Health Inspectorate were involved in informal discussions regarding the abatement of minor degrees of atmospheric pollution in one or two parts of the Borough.

SWIMMING BATHS

The open-air swimming baths situated at Treherbert, Ystrad, Porth and Ferndale and paddling pools at Ystrad and Porth are administered by the Borough Surveyor's Department of the Council, each bath being under the control of a suitably qualified superintendent. These baths and paddling pools are invariably fully patronised during the summer bathing season and the water is subjected to constant filtration and chlorination, the efficiency of the chlorination being regularly checked by means of colourimetric tests. Samples of water from these baths and paddling pools were also submitted during the summer, for chemical and bacteriological examinations at the Public Health Laboratory, and the 16 samples submitted were found to be satisfactory.

ERADICATION OF BED BUGS

The disinfestation of houses harbouring bed bugs or other insects was undertaken under the supervision of the District Public Health Inspectors and 22 houses were treated in the district during the year, eight being Council houses. The methods adopted included the use of D.D.T. Powder, spraying with zaldecide fluid containing D.D.T., together with the stripping of walls, removal of skirting boards, etc., and the fumigation of rooms with formaldehyde vapour when considered necessary.

RATS AND MICE DESTRUCTION

During the year three whole-time rodent operators were employed in carrying out investigations into the prevalence of rodent infestation and the necessary treatment of such infestations in premises in the district, and six operators were employed whole-time on the inspection and treatment of the sewers in the district, the whole staff of operators being under the direct supervision of the out-door rodent control supervisor

Table 18 gives information on the lines required by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food in respect of the prevalence of rats and mice; and the measure of control carried out by the rodent control staff of the local authority during the twelve months ended 31st December, 1965.

TABLE 18.
PREVENTION OF DAMAGE BY PESTS
ACT, 1949

	TYPE OF PROPERTY				Total
	Non-Agricultural			Agricultural	
	Local Authority	Dwelling Houses	All other (including Business Premises)		
I Total number of properties in Local Authority's District	136	29,916	4,943	26	35,021
II Number of properties inspected as a result of:-					
(a) Notification	47	834	117	-	998
(b) Survey under the Act	3	254	5	20	282
(c) Otherwise	-	-	-	-	-
III Total inspections carried out including re-inspection	51	1,181	151	20	1,403
IV Number of properties inspected (in Sec. II) which were found to be infested by:					
(a) Rats (Major ...)	2	-	-	-	2
(Minor ...)	43	794	97	-	934
(b) Mice (Major ...)	-	-	-	-	-
(Minor ...)	2	40	20	-	62
V Number of infested properties (in Section IV) treated by the Local Authority	47	834	117	-	998
VI Total treatments carried out including re-treatments	61	927	146	-	1,134
VII Number of notices served under section 4 of the Act:-					
(a) Treatment	-	-	-	-	-
(b) Structural Work (i.e. Proofing)	-	1	-	-	1
VIII Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act ...	-	-	-	-	-
IX Legal Proceedings	-	-	-	-	-
X Number of "Block" control schemes carried out ...	-	-	-	-	-

The forty-seven properties shown as Local Authority's property in the above table (item V.) include 2 refuse tips.

There are no large warehouses or wharfage in the area to create any special circumstances for the undue presence of rats and mice

There was no occasion during the year for disinfestation work to be carried out in conjunction with rodent operators of adjoining districts.

In the same period 21,443 token baits, 5,667 poison baits and 5,950 post baits were laid, and no traps were set

Table 19 gives details of sewers treated.

TABLE 19.
Sewers

Ward	Total No. or manholes treated	Total No. of manholes show- ing pre-bait takes.	Total No. of manholes show- ing complete pre-baits taken	Total No. of Poison baits laid
1	867	123	85	123
2	669	79	62	79
3	458	74	58	74
4	525	70	50	70
5	850	84	56	84
6	748	77	57	77
7	1,502	154	105	154
8	1,764	203	144	203
9	1,154	110	78	110
10	868	91	65	91
11	916	105	72	105
Totals	10,321	1,170	832	1,170

PUBLIC MORTUARIES

Two public mortuaries, situated in the cemetery grounds, Trealaw, and at Oakland Terrace, Ferndale, have been erected and maintained by the Council and were utilised during the year for the reception of 4 and 5 bodies, respectively.

Facilities are available in each of these mortuaries for carrying out post-mortem examinations. No examinations were carried out during the year.

SCRAP METAL DEALERS

The Scrap Metal Dealers Act, 1964 came into force on the 1st April, 1965, and from that date all the principle provisions of the existing law relating to old metal dealers and marine store dealers were repealed and replaced by new statutory provisions for the registration and control of Scrap Metal Dealers. Section 1 of the 1964 Act relates to the registration by the Council of persons carrying on business from the 1st July, 1965, as scrap metal dealers.

Registrations made under Section 86 of the Public Health Acts Amendment Act, 1907, relating to Old Metal Dealers and Marine Store Dealers, ceased to have effect on the date of commencement of the Scrap Metal Dealers Act, 1964.

Registration under the 1964 Act will be effective for a period of three years, at the end of which it will be cancelled, unless the dealer has in the meantime applied for renewal. The Council has no discretion to refuse registration. Dealers are required to notify the Council within 28 days of any change in the registered particulars or of the fact that they have ceased business as scrap metal dealers in the area.

At the end of 1965, there were seventeen persons registered as carrying on business as Scrap Metal Dealers

LEGAL PROCEEDINGS

The appended summary gives details of the cases under the Public Health Act, 1936, in which the Department's activities led to proceedings at the Local Courts of Justice in the course of the year.

Information relating to proceedings under the Public Health Act, 1936, is as follows:-

TABLE 20a

CASES OUTSTANDING 1964:

Nuisance Orders 24.	Other Cases 25.	Total	...	...	49
Cases commenced 1965	...	...	...	...	12
Work done after proceedings commenced	...	...	...	...	13

61

(Standing adjourned = 31 adjourned sine die = 9 = 40)

(Nuisance Orders b/d = 21, obtained = 1 = 22)

Work done after Nuisance Order obtained	...	...	...	...	-
Withdrawn, property sold	...	...	...	...	-
Withdrawn - Work carried out by Council in default	...	...	...	...	2
Withdrawn, fresh notice issued	...	...	...	...	4
Withdrawn, property demolished	...	...	...	...	1
Withdrawn, property subject to Closing Order	...	...	...	...	1

8

CASES OUTSTANDING END OF 1965

Nuisance Order	...	...	...	...	...	...	21
Other Cases	...	...	...	...	...	...	19

40

S E C T I O N I I I

HOUSING

1. APPLICATIONS FOR THE TENANCY OF COUNCIL HOUSES

The annual review of applications for the tenancy of Council houses was carried out at the end of 1965, and Table 21 shows the overall position by Ward and Zone at that time.

TABLE 21.

Table showing distribution of all applicants for the tenancy of Council houses by Ward and Zone as at Annual Review, December, 1965.

WARD	No. of Applicants.	Percentage distribution of applicants by Ward and Zone	No. of applicants in each Zone
1	128	10%)	365
2	71	6%) 30%	
3	73	6%)	
4	93	8%)	
5	96	8%)	382
6	136	11.5%) 32%	
7	150	12.5%)	
8	161	14%)	453
9	83	7%) 38%	
10	85	7%)	
11	124	10%)	
All Wards	1,200	-	1,200

Comparative Zonal figures are shown in Table 22 for the years 1955 to 1965 together with the number of new houses which became available in each Zone per year. *

TABLE 22.

Table showing number of applications at successive Annual Reviews for each Zone and number of new houses becoming available per year.

Year	ZONE I		ZONE II		ZONE III		TOTAL	
	No. of applicants	No of new houses allocated	No. of applicants	No. of new houses allocated	No. of applicants	No of new houses allocated	No. of applicants	No of new houses allocated
1955	470	51	451	14	440	85	1361	150
1956	478	18	471	42	494	80	1443	140
1957	392	40	414	50	512	54	1318	144
1958	409	41	432	5	557	103	1398	149
1959	343	47	330	-	401	6	1074	53
1960	334	79	339	57	382	16	1055	152
1961	359	24	387	4	447	89	1193	117
1962	298	32	326	25	379	53	1003	110
1963	341	38	385	10	514	72	1240	120
1964	363	42	392	39	449	389	1204	470
1965	365	34	382	37	453	92	1200	163
Total		446		283		1039		1768
Perc-entage distr. of new houses	Zone I	25%	II	16%	III	59%		

* Number of new houses becoming available supplied by Borough Housing Architect.

The location of the new houses passed for occupation in 1965 is shown in Table 23.

TABLE 23.

Table showing localities of New
Houses passed for Occupation by Council.

Street and Locality	Ward	Houses	Flats	O. A. P. Bungalows.
Park Place, Treherbert	1	-	7	-
William Street, Treherbert	1	17	-	-
Lower Terrace, Cwmparc	2	4	4	2
Partridge Avenue, Trealaw.	6	16	-	-
Princess Louise Road, Llwynypia	6	-	-	4
Heol-y-Mynydd, Hendreforgan, Gilfach Goch.	Out- side Rhon- dda	17	-	-
Hen Llys, Trebanog.	8	-	2	-
Rhiwgarn Road, Trebanog.	8	10	66	-
Wilson Place, Maerdy.	11	4	8	2
Total		68	87	8

Table 24 shows the position regarding the provision of houses by the Council since 1945 (information provided by the Housing Architect).

TABLE 24.

	In course of erection 31.12.65			Completed and Occupied since 1945		
	Houses	Flats	Total	Houses	Flats	Total
Temporary (Bungalows)	-	-	-	183	-	183
Permanent						
(1) Traditional	55	71	126	1,964	479	2,443
(2) Non-Traditional (B.I.S.F. and New Traditional Houses)	-	-	-	202	-	202
(3) Conversions	-	-	-	-	26	26
Requisitions of existing properties	-	-	-	-	-	-
Totals	55	71	126	2,349	505	2,854

2. Work carried out by Public Health Inspectors.

Consequent upon inspections carried out by the Public Health Inspectors, followed by interviews with the owners or the service of informal or statutory notices, 293 houses were repaired or defects discovered therein were remedied, whilst 34 houses were similarly attended to by the local authority in default of the owners, making a total of 327 houses dealt with during the year- the corresponding number of houses similarly dealt with in the previous year was 485. As most of the houses in the district have been erected for a period of fifty years or more, their maintenance in a satisfactory state of fitness for human habitation has caused considerable concern to the Authority. Greater pressure has had to be made on house-owners to carry out repairs, and during the year particulars of statutory notices served in respect of 93 houses were forwarded to the Legal Department of the Council with a view of instituting legal proceedings.

The following summary gives details of the nuisances and defects remedied in the course of the year:-

TABLE 25.

1. SLOP SINKS

a. Slop sinks repaired or renewed	...	...	...	...	...	7
b. Waste pipes repaired or renewed	...	...	...	...	...	3
c. Slop sinks provided	...	...	...	...	...	-

2. WATER CLOSETS

a. Provisions of new w.c.	...	...	...	...	...	3
b. Rebuild w.c.	...	...	...	...	...	-
c. Walls, roofs, doors, floors etc., repaired	...	...	...	...	...	38
d. Flushing appliances repaired or renewed	...	...	...	...	...	32
e. Flushing appliances provided	...	...	...	...	...	1
f. Pans renewed or provided	...	...	...	...	...	14
g. Ventilation provided	...	...	...	...	...	-
h. Water supply provided	...	...	...	...	...	-
i. Water service pipes repaired	...	...	...	...	...	3

3. HOUSE

a. External walls, woodwork etc., repaired	...	...	...	...	...	108
b. Internal walls, woodwork, floors etc., repaired	...	...	...	...	...	80
c. Dampness abated by removal of earth	...	...	...	...	...	-
d. Bedrooms ventilated	...	...	...	...	...	-
e. Windows made openable	...	...	...	...	...	4
f. Window area increased	...	...	...	...	...	-
g. Pantry or food safe provided	...	...	...	...	...	-
h. Sufficient light in pantry provided	...	...	...	...	...	-
i. Water supply pipes and fittings repaired etc.	...	...	...	...	...	1
j. Light of basement stairs provided	...	...	...	...	...	-

4. DRAINS

a. Lip trap removed	...	...	...	...	...	...	...	-
b. Cement well around gully trap	...	...	...	...	...	...	...	2
c. Grid or cover to gully trap	...	...	...	...	...	...	...	-
d. Renew gully trap	...	...	...	...	...	...	...	2
e. Ventilating shaft repaired or extended	...	...	...	...	...	...	...	-
f. Drain ventilated	...	...	...	...	...	...	...	-
g. Water Closet drain unblocked	...	...	...	...	...	...	...	5
h. Slop Water drain unblocked	...	...	...	...	...	...	...	4
i. Water Closet drain repaired	...	...	...	...	...	...	...	6
j. Slop Water drain repaired	...	...	...	...	...	...	...	-
k. Water closet and slop water drain unblocked	...	...	...	...	...	...	...	-
l. Drainage of subsoil water made good	...	...	...	...	...	...	...	-
m. Inspection chamber provided	...	...	...	...	...	...	...	-
n. Inspection chamber repaired or renewed	...	...	...	...	...	...	...	-

5. AREA

a. Repaired	...	...	...	...	...	...	...	7
b. Repaired and extended	...	...	...	...	...	...	...	-
c. Steps repaired or renewed	...	...	...	...	...	...	...	10
d. Division walls repaired or renewed	...	...	...	...	...	...	...	3
e. Boundary walls repaired or renewed	...	...	...	...	...	...	...	6
f. Retaining walls repaired or renewed	...	...	...	...	...	...	...	11
g. Back lane door and frame repaired or renewed	...	...	...	...	...	...	...	5
6. Shoots and downpipes repaired or fixed anew	...	...	...	...	...	...	...	60
7. Dilapidated structures repaired or fixed anew	...	...	...	...	...	...	...	-
8. Structures obstructing light/ventilation of living rooms removed/repared	...	...	...	...	...	...	...	11
9. Dampness abated	...	...	...	...	...	...	...	86
10. Dirty house cleaned	...	...	...	...	...	...	...	-
11. Overcrowding	...	...	...	...	...	...	...	-
12. Animals removed	...	...	...	...	...	...	...	-
13. Fowls removed	...	...	...	...	...	...	...	-
14. Bug infestation	...	...	...	...	...	...	...	-
15. Manure:-								
(a) removed	...	...	...	...	...	...	...	-
(b) receptacle provided	...	...	...	...	...	...	...	-
16. Accumulation of refuse removed	...	...	...	...	...	...	...	2
17. Coals in house or on paving removed	...	...	...	...	...	...	...	-

TABLE 26.
HOUSING STATISTICS 1965

1. Inspection of Dwelling-houses during the year:-

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	498
(b) Number of Inspections made for the purpose	498
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	95
(b) Number of Inspections made for the purpose	95
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	76
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	369

2. Remedy of Defects during the Year without service of formal Notices:-

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	88
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3. Action under Statutory Powers during the year:-

(a) Proceedings under sections 9, 10, and 12 of the Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which notices were served requiring repairs (Section 9)	-
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) By owners	-
(b) By Local Authority in default of owners (Section 9)	-

(b) Proceedings under the Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 318

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:-

(a) By owners 205

(b) By Local Authority in default of owners 34

(c) Proceedings under Sections 17 and 23 of the Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which Demolition Orders were made . . . 34

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders . . . 14

(3) Unfit houses in respect of which Demolition Orders were determined 2

(d) Proceedings under Sections 17 and 18 of the Housing Act, 1957:-

(1) Number of unfit houses in respect of which Closing Orders were made . . . 34

(2) Parts of buildings in respect of which Closing Orders were made 9

(3) Unfit houses in respect of which Closing Orders were determined 2

(4) Parts of buildings in respect of which Closing Orders were determined -

RENT ACT, 1957.

Since the coming into operation of the above Act, many applications for Certificates of Disrepair have been investigated and the position as at 31st December, 1965, is shown in Table 27.

TABLE 27.

PART I - Applications for Certificate of Disrepair.	6/7/57 to 31/12/59	1960	1961	1962	1963	1964	1965
1. No. of applications for certificates	624	39	35	19	26	14	19
2. Decisions not to issue certificates	-	-	1	1	1	-	-
2a No. of applications cancelled	17	5	-	-	-	-	-
2b No. of applications pending	35	7	9	3	7	6	10
3. No. of decisions to issue certificates:							
(a) in respect of some but not all defects ..	117	17	10	6	9	5	2
(b) in respect of all defects ...	422	20	21	13	14	8	12
4. No. of undertakings given by landlords under paragraph 5 of the First Schedule	188	13	9	4	3	4	2
5. No. of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	9	-	-	-	-	-	-
6. No. of Certificates issued	416	27	22	13	20	12	10
6a No. of Certificates issued as to the remedying of defects specified in a landlord's undertaking to remedy defects:							
(a) Tenant	83	7	8	2	1	-	-
(b) Landlord	40	11	4	5	6	3	-
 PART II - APPLICATIONS FOR CANCELLATION OF CERTIFICATES.							
7. Applications by landlords to local authority for cancellation of certificate	123	25	11	19	6	9	5
8. Objections by tenants to cancellation of certificates	88	8	4	10	5	4	2
9. Decisions by Local Authority to cancel in spite of tenants' objection	12	3	-	5	-	1	2
10. Certificates cancelled by Local Authority.	79	26	8	11	5	5	5

SLUM CLEARANCE

During the year, the under-mentioned areas had been declared and the families rehoused, viz:-

TABLE 28.

	<u>Families</u>	<u>Total</u>
Nos. 19 to 21, 23 and 24, and 26 to 35 Jestyn Street, Porth	17	
Nos. 3 to 22 Knoll Terrace, Tonypandy.	23	
Nos. 343 to 346 Brithweunydd Road, and Nos. 1 to 6 Crabtree Row, Trealaw.	11	
Nos. 51 to 57 Dinas Road, Dinas.	7	
Nos. 25 to 27 Graigddu Road (otherwise known as Waunarw), Dinas	3	
Nos. 22 and 23, Graigddu Road (otherwise known as Greenhill), Dinas.	2	
Nos. 19 to 21 Graigddu Road (otherwise known as Upper Fosters Row or Fosters Row, Dinas.	3	
Nos. 5 to 11, Old Colliery Offices, Dinas.	5	
Nos. 38, 39B, 39C and 44 Dinas Road, and Nos. 1 to 7 River View, Dinas.	13	
Nos. 7 and 8 Colliers Row, Dinas.	2	
Nos. 68 to 72 Dinas Road, Dinas.	6	
Nos. 5 to 12, Graigddu Road (otherwise known as Waunarw), Dinas.	9	
Nos. 13 to 18 Graigddu Road (otherwise known as Fosters Row), Dinas	<u>7</u>	108

Families rehoused from
INDIVIDUAL UNFIT houses.

19
127
===

S E C T I O N I V

INSPECTION AND SUPERVISION OF FOOD.

MILK

The numbers of persons carrying on businesses concerned with the production and distribution of milk in the district during 1965 were as follows:-

Dairy Farmers	...	...	...	...	1
Purveyors of Milk and Milk-shop keepers					71

The estimated quantity of milk produced by the 1 dairy farmer daily amounted to 10 gallons, all of which was sold wholesale to pasteurising establishments.

The estimated quantity of liquid milk sold daily in the district during the year amounted to 6, 106 gallons, equivalent to a daily consumption of 0.5 pints per head of the estimated population- the corresponding consumption per head in the previous year was 0.52.

There were 71 premises in the area directly concerned with the distribution of milk, and the number of visits made by the Public Health Inspectors to these premises during the year amounted to 16. Nearly all the milk distributed in the district was supplied in bottles, which had been filled on the wholesalers' premises where the milk had been pasteurised and, consequently, most of the premises occupied by the distributors of milk were only used for the temporary storage of the bottled milk during the intervals between the reception of the milk by the retailers and the retail distribution thereof to the consumers' houses.

The number of samples of milk sold as "pasteurised" submitted to bacteriological examination during the year was 49, all of which, with the exception of one sample, gave satisfactory results on the application of the Phosphatase Test, indicating that the milk had been adequately heat treated. One sample of sterilised milk gave a satisfactory result in a Turbidity Test.

The milk which had been treated at the two licensed pasteurising establishments in the district was also regularly sampled and 47 samples of treated milk of the Tuberculin-Tested designation were taken during the year; all of which gave satisfactory results on the application of the Phosphatase Test.

During the year, no samples of untreated milk produced on farms in the district were examined for the presence of tubercle bacilli.

MILK (SPECIAL DESIGNATIONS) REGULATIONS.

During the year the appropriate licences were issued to use special designations in relation to milk, as follows:-

TABLE 20.

"Pasteurised Milk":

Pasteurisers	...	...	...	...	...	2
Dealers	...	...	...	...	...	69

"Tuberculin Tested Milk (Pasteurised):

Dealers	69
---------	-----	-----	-----	-----	-----	----

"Sterilised Milk":

Dealers	48
---------	-----	-----	-----	-----	-----	----

ICE - CREAM

During the year, the Public Health Inspectors continued to devote considerable attention to premises wherein ice-cream was manufactured, stored or sold, in order to secure compliance by all vendors of ice-cream with the provisions of the Food and Drugs Act, 1955, and the Ice-cream (Heat Treatment etc) Regulations, 1959.

At the end of the year, 53 premises had been registered as suitable for the manufacture, storage and sale of ice-cream, 1 premises for the manufacture, storage and sale of ice-lollies and 414 premises for the storage and sale of ice-cream; in the latter group of premises there were included 380 shops where ice-cream in the pre-packed state, as delivered by wholesale manufacturers, were stored and sold by retail.

Prior to registration, all the premises were inspected and inquiries made concerning the health of the vendors, particularly in relation to the history of enteric or intestinal infections.

During the year, 32 samples of ice-cream sold in the district were submitted for examination by the Methylene Blue Test and provisional grading, all of which were reported as being in Grade 1 or satisfactory. None of the samples were in Grade 2 or "fair", Grade 3 or "unsatisfactory", or Grade 4 or "very unsatisfactory". In the event of samples being reported on as "unsatisfactory" and "very unsatisfactory", the manufacturers are informed of the results and advised to give the matter their attention, especially in regard to personal cleanliness and sterilisation of the utensils. Amongst the 58 samples taken in the previous year, the percentages classified in Grades 1 to 4 were 60.34 12.07, 6.89 and 20.7.

MEAT

The number of slaughterhouses licensed in the district during 1965 was 4, but nearly all the slaughtering was carried out in the two slaughterhouses situated at Llanfoist Street, Ton Pentre, where meat inspection was carried on by one permanent meat inspector, occasionally relieved or assisted by a weekly rota system of the other public health inspectors, holding the meat inspectors' certificate; and also at the slaughterhouse at Howard Street, Treorchy.

The quantities of meat and offal surrendered and condemned owing to the presence of diseased conditions, etc. were 1,527 lbs. and 21,842 lbs., respectively, the amounts attributable to tuberculosis being 932 lbs. and 38 lbs.

The following table gives a summary of the results of the inspection of the carcasses of animals slaughtered in the district during the year:-

TABLE 30.
Carcasses Inspected and Condemned during the
Year 1965.

	Cattle exclg Cows.	Cows	Calves	Sheep and Lambs	Pigs.
Number killed	1778	386	92	11824	6942
Number inspected	1778	386	92	11814	6942
ALL DISEASES EXCEPT Tuberculosis:-					
Whole Carcasses condemned	-	2	-	12	2
Carcasses of which some part or organ was condemned	571	344	-	3981	1905
Percentage of the number inspected affected with disease other than Tuberculosis	32.01	89.1	-	33.6	27.04
Tuberculosis ONLY:-					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	2	7	-	-	75
Percentage of number inspected affected with Tuberculosis	0.11	1.81	-	-	1.08

The total number of carcasses inspected in 1965 was 21,012 as compared with 22,107 carcasses inspected in the previous year.

The following table shows the percentages of animals which are affected with tuberculosis amongst those slaughtered in the district in each year since 1955.

TABLE 311

PERCENTAGES OF THE NUMBER OF CARCASSES
INSPECTED AFFECTED WITH TUBERCULOSIS.

Year	Cattle excluding Cows.	Cows	Calves	Pigs.
1955	4.32	3.46	-	2.27
1956	3.71	8.95	0.07	2.10
1957	2.37	3.99	-	1.81
1958	1.44	4.50	-	1.68
1959	0.69	0.78	-	1.37
1960	0.99	0.61	-	0.59
1961	0.04	0.89	-	0.74
1962	0.08	-	-	0.39
1963	-	0.26	-	0.78
1964	0.10	1.48	-	0.00
1965	0.11	1.81	-	1.08

OTHER FOODS

There were 16 bakehouses in the district which, with few exceptions, were of a small size. There were no underground bakehouses as defined in the Factories Act, 1937. The Public Health Inspectors made 3 visits to bakehouses during the year.

A large bacon-curing and "cooked meats" products factory was kept under regular supervision by the Public Health Inspectors concerned.

UNSOOUND FOOD

The principal articles of food condemned during the course of the year, apart from meat in slaughterhouses, were as follows:-

TABLE 32.

FOOD					lbs.
Tinned Fruit	...	...	...	...	1,005
Tinned Meat	...	...	...	...	2,618
Tinned Milk	...	...	...	...	102
Tinned Cream	...	...	...	...	12
Tinned Vegetables	...	...	...	...	790
Shell Fish	...	...	...	...	1,699
Tinned Fish	...	...	...	...	77
Wet Fish...	...	...	...	...	42
Tinned Soups	...	...	...	...	154
Tinned Fruit Juice	...	...	...	...	16
Chicken ...	...	...	...	...	116
Fresh Fruit	...	...	...	...	470
Cereals ...	...	...	...	...	2
Cheese ...	...	...	...	...	44
Butter ...	...	...	...	...	2
Puddings	...	...	...	...	17
Syrup ...	...	...	...	...	8
Dried Fruit	...	...	...	...	132
Bacon ...	...	...	...	...	294

FOOD AND DRUGS ACT

The examination of samples of food or drugs taken under the provisions of the Food and Drugs Act was undertaken during the year by Mr. W. E. Coles, B. Pharm., Ph.D., F.P.S., F.R.I.C., at the Cardiff and County Public Health Laboratory.

The total number of samples submitted during the year amounted to 338 consisting of 24 formal samples and 314 informal samples, the details of which are given in the appended summary.

The details of the samples taken are given in the following summary:-

TABLE 33.

Summary of Samples submitted to the Public Analyst during 1965.

DESCRIPTION	Formal Samples			InFormal Samples		
	No. Sub- mitted	Results		No. Sub- mitted	Results	
		Genu- ine	Not Genuine		Genu- ine	Not Genuine
Milk	24	8	16	100	100	-
Condensed Milk	-	-	-	1	1	-
Cream	-	-	-	6	6	-
Butter	-	-	-	8	8	-
Margarine	-	-	-	2	2	-
Ice-Cream	-	-	-	11	10	1
Ice-lolly	-	-	-	1	1	-
Coffee and Chicory Essence	-	-	-	4	4	-
Drugs & Medical Preparations	-	-	-	22	21	1
Flavouring	-	-	-	2	2	-
Canned Fruit	-	-	-	9	9	-
Tinned Tomatoes	-	-	-	2	2	-
Tinned Fish	-	-	-	1	1	-
Tinned Vegetables	-	-	-	1	1	-
Fruit Dried	-	-	-	3	3	-
Soft Drink	-	-	-	6	4	2
Ginger Ground	-	-	-	1	1	-
Lard	-	-	-	1	1	-
Meat Paste	-	-	-	1	1	-
Tinned Meat	-	-	-	8	8	-
Meat Pies	-	-	-	18	15	3
Beef Sausages	-	-	-	17	17	-
Pork Sausages	-	-	-	17	16	1
Mincemeat	-	-	-	2	2	-
Pepper, White	-	-	-	2	2	-
Sauce	-	-	-	7	7	-
Suet Pudding Mix	-	-	-	2	2	-
Table Jelly	-	-	-	5	5	-
Tea	-	-	-	5	5	-
Malt Vinegar	-	-	-	4	4	-
Blancmange Powder	-	-	-	1	1	-

TABLE 33 (Contd.)

DESCRIPTION	Formal Samples			Informal Samples		
	No. Sub- mitted	Results		No. Sub- mitted	Results	
		Genu- ine	Not Genuine		Genu- ine	Not Genuine
Cornflour	-	-	-	1	1	-
Currants	-	-	-	3	3	-
Dates	-	-	-	1	1	-
Meat Products	-	-	-	5	5	-
Frosting Mix	-	-	-	1	1	-
Gravy Browning	-	-	-	1	1	-
Honey Substitute	-	-	-	1	1	-
Non Brewed Condiment	-	-	-	2	2	-
Sultanas	-	-	-	4	4	-
Curry	-	-	-	3	3	-
Flour Confectionery	-	-	-	7	7	-
Jam	-	-	-	3	3	-
Lemonade Powder	-	-	-	1	1	-
Marmalade	-	-	-	1	1	-
Pie Filling	-	-	-	1	1	-
Rice	-	-	-	1	1	-
Semolina	-	-	-	1	1	-
Salad Cream	-	-	-	1	1	-
Tomato Juice	-	-	-	3	3	-
Cheese Flaps	-	-	-	1	1	-
Treacle, Black	-	-	-	1	1	-
Eggs, Scotch	-	-	-	1	1	-
TOTALS	24	8	16	314	306	8

The Certificates of the Public Analyst disclosed that eight of the informal samples submitted to him during the year were not genuine, being samples of ice-cream, soluble aspirin, orange drinks, steak and kidney pies and pork sausage, representing 2.55 per cent of the total number of informal samples taken during the year.

Sixteen formal samples of milk were certified as not genuine, representing 66.67 per cent of the total number of formal samples taken during the year.

The following table contains details of the samples reported on by the Public Analyst as not genuine and the action taken by the Authority.

TABLE 34.

Serial No.	Article	Nature of Adulteration or Irregularity.	Action taken by the Authority.
		<u>INFORMAL SAMPLES</u>	
4S	Soluble Aspirin for Children.	Sample contained an excessive amount of free salicylic acid.	Complete stock withdrawn from sale and returned to manufacturers.
7S	Pork Sausage	Sample contained 60 per cent of meat (calculated as raw pork)	Followed up by formal sample S. 1 which was certified as genuine.
109S	Steak & Kidney Pie	Sample contained low percentage of meat.	Warning letter sent to manufacturer.
110S	Steak & Kidney Pie	Sample contained low percentage of meat.	Warning letter sent to manufacturer.
116S	Steak & Kidney Pie	Sample contained low percentage of meat.	Warning letter sent to manufacturer.
148S	Icecream	Sample contained less than five (5) per cent of fat.	Sample obtained from vendor living outside the Borough. Matter referred to County Sampling Officer for follow-up sample.
160S	Orange Drink	Labelling Irregularity	Letter of complaint sent to distributor.

(Cont'd.)

Serial No.	Article	Nature of Adulteration or Irregularity.	Action taken by the Authority.
283S	Orange Drink	Sample contained 315 grains per 10 galls of saccharin.	Arrangements made for consultation at Public Health Lab. between Public Analyst, Shops Inspector and Chief Chemist of Producers to discuss the matter.
<u>FORMAL SAMPLES</u>			
S2	Milk	Sample contained not less than thirty-one(31) per cent of added water.	All the samples obtained from one producer. Legal action taken against producer re S2 to S11 samples. Producer fined £20 in each case and ordered to pay 15 guineas costs. -do- -do- -do- -do- -do- -do- -do- -do- -do- -do- Samples S12 to S18 obtained from one producer.
S3	Milk	Sample contained not less than six (6) per cent of added water.	
S4	Milk	Sample contained not less than thirty-seven(37) per cent of added water.	
S5	Milk	Sample contained not less than twenty-seven (27) per cent of added water.	
S6	Milk	Sample contained not less than twenty-three (23) per cent of added water.	
S7	Milk	Sample contained not less than twenty-four (24) per cent of added water.	
S8	Milk	Sample contained not less than thirty-one (31) per cent of added water.	
S9	Milk	Sample contained not less than thirty (30) per cent of added water.	
S10	Milk	Sample contained not less than one (1) per cent of added water.	
S11	Milk	Sample contained not less than thirty-five (35) per cent of added water.	
S12	Milk	Sample contained not less than eighteen (18) per cent of added water.	

(Cont'd)

Serial No.	Article	Nature of Adulteration or Irregularity.	Action taken by the Authority.
		<u>FORMAL SAMPLES.</u>	
S13	Milk	Sample contained not less than thirteen (13) per cent of added water.	Legal action taken against producer in 1966. Fined £40 in each case and ordered to pay £15.15.0d. Advocate's Fee, £3.7s.6d. Expenses, and Analyst's Fee £1.10s. 0d.
S14	Milk	Sample contained not less than thirteen (13) per cent of added water.	
S16	Milk	Sample contained not less than twenty-five (25) per cent of added water.	
S17	Milk	Sample contained not less than thirty-four (34) per cent of added water.	
S18	Milk	Sample contained not less than nineteen (19) per cent of added water.	

CLEAN FOOD CAMPAIGNS

In accordance with the request contained in paragraph 7 of Circular 1/54 (Wales) relating to Annual Reports of Medical Officers of Health for 1954, the following information is submitted in relation to the Rhondda Borough Council:-

(1) The number of food premises by type of business:-

Butchers and Meat Purveyors	...	...	...	106
Confectioners, Bread and Cake Dealers	...	...	...	28
Dairy Produce and Milk Shops	...	...	...	5
Fried Fish and Potato Shops	...	...	...	49
Greengrocers and Fruiterers	...	...	...	101
Grocers and Provision Dealers	...	...	...	192
Refreshment Houses and Temperance Bars	...	...	...	40
Restaurants and Cooked Meat Shops	...	...	...	11
Sweet Shops, etc.	...	...	...	275
Bakehouses	...	...	...	16

(2) Premises registered under Section 16 of the Food and Drugs Act, 1955, and as dairies under the Milk and Dairies (General) Regulations, 1959:-

Manufacture, storage, and sale of ice-cream	53
Manufacture, storage and sale of ice-lollies	1
Storage and sale of ice-cream	414
Preparation and manufacture of sausages, potted meat, pickled or preserved foods.	41
Preparation of Fried Fish and Potatoes ...	32
Dairies	71

(3) Number of inspections of registered food premises:-

Ice-Cream Vendors	1
Fried Fish Shops	1
Dairies and Milk Shops	16

- (4) During their visits to and inspections of food premises, the public health inspectors have concentrated on the individual instruction of the food handlers in these premises on matters relating particularly to personal hygiene. Posters dealing with the handling of food have also been distributed periodically in these shops.
- (5) In regard to the disposal of condemned food, the tinned foods have been dealt with by incineration in the refuse destructor, whilst cereal or starchy products such as sponge mixtures, etc. infested with mites have, on certain occasions, been disposed of to local pig-keepers. Offal and condemned meat have been removed regularly from the local slaughterhouses by a contractor who owns premises, situated outside the district, where the materials are processed and converted into fertilisers, etc.
- (6) No special examination of a stock or consignment of food was carried out in the district during the year.

S E C T I O N V
NOTIFIED INCIDENCE OF
CERTAIN INFECTIOUS DISEASES

The following diseases were notified as having occurred during the year:-

<u>Disease</u>	<u>No. of uncorrected notifications</u>
Erysipelas	4
Scarlet Fever	104
Enteric or Typhoid Fever	-
Paratyphoid Fevers	-
Acute Poliomyelitis (Paralytic)	-
Acute Poliomyelitis (Non-Paralytic)	-
Meningococcal Infection	-
Acute Pneumonia, Primary	37
Acute Pneumonia, Influenzal	12
Dysentery	264
Measles	1,238
Whooping Cough	15
Puerperal Pyrexia	2
Ophthalmia Neonatorum	1
Food Poisoning	4
Tuberculosis	42
Tuberculosis, Other	3
Tuberculosis Meninges and C. N. S.,	-
Smallpox	-
Diphtheria	-
Acute Encephalitis, Infective	-
Acute Encephalitis, Post Infectious	2

Table 34 shows further details of these cases.

TABLE 35 RHONDDA BOROUGH COUNCIL CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1965

NOTIFIABLE DISEASES	All Ages	Cases notified in the whole district.											Total Cases notified in each Ward										Total cases removed to Hospital
		All Ages - Years																					
		Under 1	1 yr	2 yrs	3 yrs	4 yrs	5 to 9	10 to 14	15 to 24	25 and over	Unknown	1	2	3	4	5	6	7	8	9	10	11	
Scarlet Fever	104	2	3	13	11	19	45	11	-	-	-	12	5	3	3	16	18	42	2	2	1	-	-
Whooping Cough	15	5	2	3	1	2	2	-	-	-	-	-	-	-	-	6	-	7	-	-	1	1	-
Acute Poliomeylitis(Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis(Non Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1,238	56	160	153	214	292	333	19	5	3	3	143	5	4	14	156	194	157	41	15	69	440	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	264	11	22	18	21	9	24	14	36	109	-	-	-	-	1	14	14	7	9	1	17	201	1
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
TOTALS	1,622	75	187	187	247	322	404	44	41	112	3	155	10	7	18	192	226	213	52	18	89	642	1

RHONDDA BOROUGH COUNCIL

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1965

NOTIFIABLE DISEASES	All Ages	Cases notified in the whole district					Total Cases notified in each Ward											Total cases Admitted to Hospital	
		All Ages - Years																	
		Under 5	5 to 14	15 to 44	45 to 64	65 and over	Unknown	1	2	3	4	5	6	7	8	9	10		11
Acute Pneumonia, Primary	37	21	4	2	3	6	1	-	-	-	-	7	3	13	4	-	5	5	13
Acute Pneumonia, Influenzal	12	2	2	-	3	5	1	-	-	-	-	9	2	-	-	-	1	-	12
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Post Infectious	2	1	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	4	-	-	1	2	1	-	1	-	-	-	2	1	-	-	-	-	-	-
Food Poisoning	4	-	1	2	1	-	-	-	-	-	-	2	1	-	-	-	1	-	-
Puerperal Pyrexia	2	-	-	2	-	-	-	-	-	1	-	1	-	-	-	-	-	-	2
Tuberculosis, Respiratory	42	1	-	17	15	9	-	4	5	5	1	3	5	2	4	5	5	3	46
Tuberculosis, Other	3	-	-	1	2	-	-	2	-	-	-	-	-	1	-	-	-	-	2
Tuberculosis, Meninges and C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS...	106	25	7	26	26	21	1	7	5	6	1	24	12	16	10	5	12	8	37

S E C T I O N VI

TUBERCULOSIS

Table 36 shows the distribution by age-group and sex of new notifications and deaths from Tuberculosis during 1965.

TABLE 36

Age Group	RESPIRATORY				MENINGES & C. N. S.				OTHER			
	Males		Females		Males		Females		Males		Females	
	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths	No. of cases notified	No. of deaths
00-	-	-	1	-	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-	-	-	-	-
15-	3	-	6	-	-	-	-	-	-	-	1	-
25-	4	-	4	-	-	-	-	-	-	-	-	-
45-	14	4	1	2	-	-	-	-	2	1	-	-
65-	7	7	2	-	-	-	-	-	-	-	-	-
All Ages	28	11	14	2	-	-	-	-	2	1	1	-

SECTION VII

SERVICES FOR THE AGED.

Subsequent to the inception in November 1964 of the Council's Meals on Wheels Service from Penuel Kitchen, Llwynypia, the first Day Centre at Nazareth, Williamstown, was opened during the year.

Nazareth Chapel, which was acquired in May, 1964, in order to implement the Council's policy to provide Centres, was converted to meet the functions which the Council had approved and was officially opened in May, 1965.

Lunch, afternoon tea and snacks are served at the Centre at prices which enable the members to obtain adequate nourishment for a small outlay. The kitchen at the Centre is also used for the provision of the Meals on Wheels Service to certain Old People in the community who are housebound.

Work facilities are available at the Centre for both male and female members by the provision of a fully equipped workshop; knitting machines, sewing machines, etc.

Social activities at the Centre have included the visits of old age pensioners choirs, male voice choral groups, amateur operative groups and an exhibition by a school of dancing. These activities usually take place once weekly. On alternative Fridays, a dancing class has been organised which is well attended. This class, however, is not exclusively for old-time dancing. Feature films are shown fortnightly and, for this purpose, the Centre is equipped with a Cinemascope Screen so that the members see the current film releases. On each day, leisure activities are available such as watching television, listening to the radio, and the playing of games, including dominoes, cards, etc.

Whilst the Centre is an "open" Centre for most of the time, the Council have allowed local old people's organisations its use for any meetings they may wish to hold. In fact, one of these organisations has made use of the Centre on each Monday afternoon since its opening. The dining facilities of the Centre were made available to this organisation for 4 Xmas Parties which were held during December 1965.

Whilst the activities of the Centre are principally indoor, certain trips have been arranged to the Theatre and Pantomimes at Cardiff.

The Council also have in mind the development of land adjoining the Centre to provide outdoor sitting places and certain garden facilities such as a greenhouse.

The Centre is well used and has provided a much needed service for the elderly in the area. There is no doubt that if the Council's programme is implemented in full, a great deal will have been done to obviate some of the many difficulties that beset people of advancing age.

Similar provisions, on a smaller scale, will be made available at the proposed Meeting Places.

Membership.

Membership of the Centre is open to all residents of the Borough and those residents who live in close proximity to an adjoining local authority area if they conform to the following requirements:-

Full Membership

- (1) Married couples both of whom are over 65 years of age.
- (2) Married couples where the husband is 65 years or over and the wife 60 years and over.
- (3) Single men 65 years and over.
- (4) Single or widowed women of 60 years or over.

Associated Membership.

This is restricted to the following classes and entitles them to partake of the social activities only:-

- (1) Husband (under 65) of Full Member.
- (2) Wife (under 60) of Full Member.

S E C T I O N VIII

MISCELLANEOUS

LABORATORY FACILITIES

The bacteriological and chemical examination of materials such as throat or nasal swabs, stools, water, ice-cream, milk etc., submitted by the Health Department were undertaken at the Public Health Laboratory, Institute of Preventive Medicine, Cardiff, and any advice sought in relating to the collection of samples during the course of investigation was always readily obtained from the staff at the Laboratory.

HOSPITAL FACILITIES

The local hospital facilities available for the inhabitants of the district are administered by the Pontypridd and Rhondda Hospital Management Committee on behalf of the Welsh Regional Hospital Board. The Committee control twelve hospitals, with a bed complement of 1,103 beds.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47.

The above Section of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951, provides for the removal to suitable institutions of persons who are considered to be in need of care and attention. No action was taken under this Section in 1965.

DISINFECTION

The arrangements made with the Pontypridd and Rhondda Hospital Management Committee for the disinfection of infected articles of clothing, etc., in the "Equipex" steam disinfector at the Tyntyla Isolation Hospital continued in operation during 1965.

Rooms were fumigated, when necessary, with formaldehyde vapour and sprayed with zaldecide, or other suitable liquid disinfectant, under the supervision of the district public health inspectors.

PERSONAL HEALTH SERVICES.

The preamble to the National Health Service Act, 1946, describes it as "an Act to provide for the establishment of a comprehensive health service for England and Wales and for purposes connected therewith".

The Act is certainly comprehensive but the preamble is to some extent misleading. It is a COMPREHENSIVE MEDICAL SERVICE rather than a health service which is provided. The Act is designed in fact to provide a medical care service for everyone free of charge at the time it is given.

The major local authorities, styled local health authorities under the Act for administering maternity and child welfare services, home midwifery, home nursing, health centres, etc., are but one aspect of the administrative machinery under the Act, the others being the Minister of Health, the Regional Hospital Boards and the Executive Councils.

Such is the broad structure of the Act, and the essence of it is that the various provisions are welded together into one service with the Minister of Health answerable to Parliament for them all.

The personal health services which are administered by the Rhondda Borough Council under the Scheme of Delegation set up under the Local Government Act of 1958 are:-

National Health Service Act, 1946.

Section 21	Health Centres
22	Care of Mothers and Young Children.
23	Midwifery
24	Health Visiting
25	Home Nursing
26	Vaccination and Immunisation
29	Home Help Service
28	Prevention of Illness Care and Aftercare
Section 28 (As amended by Mental Health Act, 1959)	Care and Aftercare of Mentally Ill in Residential Accommodation.
Mental Health Act, 1959, (County Council functions)	Mental Health Services
Nursery and Child Minders Regulations Act, 1948.	Registration and Inspection of Premises where Children are looked after for Gain. (No such premises in Rhondda).

The first concern of a personal health services section is to forestall illness and disability by preventive measures and that where illness or disability nevertheless occurs, the aim will be to provide care at home or in the community for those who do not require the special types of diagnosis and treatment which only a hospital can provide. The Authority have in mind developing their services particularly in the field of mental health and services for the aged.

Much of the quality of the service provided depends on the skill and sense of duty shown by the Staff. The medical and dental, health visiting, midwifery, home nursing, clinic, home help and clerical and administrative staff have proved their worth during a very busy year.

My thanks are due not only to the staff but also to my colleagues in other departments including chief officers of County Council Departments and, in particular, the County Medical Officer in the field of Personal Health. I also wish to acknowledge the help and encouragement received during the year from the Chairman of the Borough Health and Welfare Committee, Alderman Sidney Mitchell, Alderman Mrs. C. M. Parfitt, and members of the Health and Welfare Committee.

Ten Year Plan.

The original Hospital Plan was published in 1962 and this was followed in April 1963 by the Command Paper, "Health and Welfare: the Development of Community Care" which represented in summary form the plans of local authorities for the development of the health and welfare services.

The Command Paper, in bringing together all the individual plans of local authorities, made it possible to see the projected development for the country as a whole and made it possible to make objective comparisons between the intentions of one authority and another. Ratios to population were discussed for various categories of staff, e., g. midwives, health visitors, home nurses and home helps etc., and tentative suggestions were made for objective standards for the services as they would be in 1972.

The Committee submitted proposals to the County Council in 1962 and made thorough revision (of the Ten Year Plan during the year) 1963, 1964 and 1965, in the light of the Command Paper.

The Committee made proposals for the expansion of the Mental Health, Home Help, Chiropody and Night Sitter in Services and to a lesser extent the Home Nursing and Health Visiting Services and provided for a gradual reduction in the staff of the Domiciliary Midwifery Service after the year 1966/67, to be brought about as a result of retirements to about 70% of the present level because of improved developments in hospital maternity care and therefore a trend towards more hospital confinements.

The Committee also recommended the following Capital Building Programme:-

- (a) A training centre for subnormal adults.
- (b) A Social Club for the mentally ill.
- (c) A special unit for young subnormal children who are also physically handicapped.

The Ten Year Plans of local authorities will be reviewed by the authorities annually.

Annual reviews will allow local authorities the time necessary to produce a well thought out, properly costed, estimated, sophisticated plan. To do this authorities will need to halt, to take stock of themselves and make special studies of some services bringing in hospital and general practitioner services where necessary.

HEALTH CENTRES.

The Act placed a duty on each Local Health Authority to provide, equip and maintain to the Minister's satisfaction premises known as "health centres", at which facilities must be available for the following:-

- (a) General medical services by medical practitioners, and such other personal medical services as may be determined by the Minister.
- (b) General dental services by dental practitioners.
- (c) Pharmaceutical services by registered pharmacists.
- (d) Local Health Authority's own services.
- (e) Specialists' services and other services provided for outpatients.
- (f) Health education services.

The Local Health Authority must provide the necessary staff at the health centres, except dental and general medical practitioners.

Health centre building work has been very slow, and progress in planning centres has sometimes been delayed because great care has been necessary in framing the local arrangements under which the general practitioners and others would be able to provide a service at the centre. Under the circumstances development has largely been limited to areas of immediate need - usually new housing estates.

Only a few centres have as yet been opened, and they differ very much from each other. For example, the Woodberry Down Centre at Stoke Newington cost about £180,000, the William Budd Centre at Bristol about £19,000 whilst the John Ryle Centre at Nottingham cost about £7,000. Certainly the cost is frightening as London alone originally anticipated setting up 146 centres.

The delay in the setting up of health centres is unfortunate as there were great hopes that they would create a common meeting ground for many of the preventive and personal health services. At health centres the three arms of the health service would meet and co-operation would be eased.

Whilst health centres are the answer to the problem of the co-ordination of the various services, a great deal of co-operation between the various officers and bodies who are responsible for the individual services does exist without them. However, this co-operation lacks the advantage of having all the services under one roof.

The returns of the various authorities do indicate that more expenditure has been incurred on the setting up of health centres in recent years, so this branch of the Health Service should prove its value in the years to come.

Although several Health Centres are envisaged for the Rhondda Borough no capital building for this purpose was commenced in 1965.

Ante-Natal Clinics.

To a certain extent local health authorities share the responsibility for mothers and children with the Hospital Boards and the General Medical Service. The Hospital Boards took over the maternity hospitals and the associated consultant services and those general medical practitioners who undertake maternal medical service are termed General Practitioner Obstetricians and receive a per capita payment from the Executive Council for the supervision of maternity cases.

The duplication of arrangements may be criticised - a uniformed service should obviously be aimed at. There is now ante natal care at clinics of the Local Health Authority, at the out patient's department of the hospitals, at the family doctor's surgery and at home by the midwife. The Section of the service which tends to have reduced use is that of the ante natal clinic of the Local Health Authorities, which is unfortunate, as usually the mother is "educated and advised" at these clinics in addition to receiving medical attention. In actual fact the family doctor has found himself so busy that mothers realise that at the local authority ante natal clinic the doctor can devote more time to her personal needs. Perhaps this is not a good justification of the continuance of the local authority ante natal clinics but the educational aspect must not be overlooked.

About two-thirds of all expectant mothers attend a clinic at one time or another during their pregnancy. A good deal of the work of the clinic is undertaken by midwives working under the general direction of a doctor who should be responsible for the general health of the pregnant woman and for one or more complete obstetric examinations.

In addition to obstetric supervision a blood examination (for a Wassermann test, haemoglobin estimation and blood grouping) is usually undertaken as a routine.

A woman should be seen on her first visit by a medical officer and again at intermediate intervals when she needs medical advice or when the midwife suspects an abnormality. Intermediate visits at four-weekly intervals serve two main functions. They enable the midwife to record body weight and blood pressure and examine the urine. They also afford a valuable opportunity for the midwife to advise the mother about details of personal hygiene.

The educational side of ante-natal work is of great importance and is an aspect difficult to satisfy without team work in clinic premises. It includes advice about general health, rest, diet, sleep and comfort. It must be admitted that this aspect of ante-natal work has often been neglected in the past, not so much because the midwife has failed to realise its importance as because there has not been enough staff to give sufficient time to individual women.

The report of the Royal College of Obstetricians and Gynaecologists (1954) recommended that local authority ante-natal clinic facilities should be made available to general practitioner obstetricians.

The Report stated that the College Committee favoured the trend for midwives to work more and more in association with doctors but recommended that their status should remain that of midwives.

Special Clinics for Primipara Mothers.

During 1965, it was decided to experiment with special clinics for primipara mothers. Mothers-to-be expecting their first baby tend to be nervous and shy and it is very necessary therefore that the most friendly relationships should exist between the clinic staff and the young expectant mother, and doctors and health visitors should make a special point of avoiding any tendency towards impersonalism. Unfortunately, because our ante-natal clinics were on the whole well-attended, health visitors and medical officers had insufficient time to give the new expectant mother the special attention she should have had. The Committee decided, as a pilot scheme, on the setting-up of a special reception clinic to receive mothers expecting their first baby so that medical and nursing staff could explain the examinations that they would have to undergo at the ante-natal clinics and the reasons for these examinations. The staff were also able to give advice on other matters and there was no doubt that mothers were anxious to ask a number of questions after the initial shyness had passed.

The special clinic was for mothers attending on their first visit and afterwards they attended the normal ante-natal clinics.

Care of Mothers and Young Children.

Our Ante-natal clinics are staffed by a team consisting of a Medical Officer, a midwife, and two health visitors. Midwives attend ante-natal clinics on a rota basis thus obtaining the advice of the Clinic Medical Officer on the ante-natal progress of their patients. Where necessary the clinic Medical Officer with the consent of the general practitioners refers patients to Mr. Blyth & Mr. King consultant obstetricians in the hospital service.

TABLE 37.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965.</u>
No. of centres provided	7	7	7	7	7	7	7
No. of women who attended during the year	1,441	1,405	1,353	1,291	1,208	1,005	1,404
Total number of attendances during the year.	7,522	8,001	7,672	7,234	6,764	6,795	5,708

It will be noted that the fall in the number of women attending our ante-natal clinics in recent years continued. This decline in the number of patients is due to the fact that more general practitioners are holding their own special surgeries for expectant mothers, and general practitioners have been invited to make use of our clinics free of charge, to enable them to give ante-natal care for their patients and arrangements are made for our midwives to be in attendance at the general practitioners' special surgeries. During 1965, Dr. Soper of Porth held his own special surgery for ante-natal mothers in addition to four other practices in the Rhondda who already held special surgeries for this purpose. A special ante-natal clinic is also held at Llwynypia hospital but usually expectant mothers attend this clinic towards the end of their pregnancy after first attending our own clinic or their family doctor.

Talks on Ante-natal Care and Preparation for Motherhood.

Talks on ante-natal care, mothercraft and relaxation classes were held at our clinics. As a rule the mothers who attend are expecting their first baby. The talks are very informal and general practitioners have been advised that their patients who had been attending their own ante-natal clinics would be welcome to attend our clinics for these talks and relaxation.

Mothers who attend these classes derive great benefit and are more relaxed at their confinement.

An interesting feature of this aspect of health education is the talks given to married couples during the evenings. The talk is given by a male medical officer and, after a brief talk to the married couples together, the women withdraw and he then answers questions by the husbands on wide ranging topics. These discussions are often very lively and stimulating and may not end until 9.30 p.m. or later. Unfortunately, the numbers attending are sometimes rather small, but this can be explained partly by the difficulty in arranging a time suitable for all owing to shift work etc.

Women's Clinic or Special Birth Control Clinic.

A special Birth Control Clinic is held at Carnegie Welfare Centre and a woman medical officer is in attendance at monthly intervals. Birth control requisites are distributed by the Superintendent Health Visitor once a month. The special Birth Control Clinic was established at Carnegie in 1935.

There are limits to the advice that the Authority can give at a Birth Control Clinic. Advice on birth control for medical reasons can be given: advice on how to space birth, i.e., family planning or attention to the problem of sub-fertility is not permitted.

At the Special Clinic 5 new patients were seen for the following reasons:-

TABLE 38.

New Patients.

Frequent pregnancies	4.
Previous children	-
Suffering Congenital dislocation of hips.	1
	<u>5</u>

Total number of visits ...	New Patients	5
	Former Patients	<u>122</u>
	Total	<u>127</u>

Frequency of Prematurity.

TABLE 39.

	England & Wales		Rhondda						
	1959	1962	1959	1960	1961	1962	1963	1964	1965.
Percentage of all notified births which were premature.	7.7	7.6	9.5	10.3	9.1	10.2	9.3	10.3	10.2
Percentage of live births which were premature.	6.7	6.7	8.0	8.5	8.1	8.4	8.0	9.1	8.9
Percentage of stillbirths which were premature.	54.0	56.3	48.0	68.1	50.0	59.0	55.3	67.7	60.5

The quality of ante-natal care is an important element in the prevention of premature birth. Expectant mothers who attend our ante-natal clinics receive a full medical examination which includes recognised blood tests, including haemoglobin estimations very early in pregnancy, and regular ante-natal supervision from the clinic medical officers and follow-up from midwives. A more careful selection is being made of patients in need of hospital confinement.

TABLE 40.

	England & Wales		Rhondda.									
	1961	1962	1961		1962		1963		1964		1965.	
	%	%	No.	%	No.	%	No.	%	No.	%	No.	%
Premature live births which took place in hospital as a % of all premature live births	79.6	80.2	78	60	95	69.3	87	66.4	114	77	116	82.8
Premature stillbirths which took place in hospital as a % of all premature stillbirths	88.3	89.0	19	78.9	23	63.9	24	92.3	13	59	21	91.3

Live premature babies born at home often need to be transferred to hospital.
Percentage of all live born infants born at home.

T A B L E 41.

	Rhondda.									
	1961		1962		1963		1964		1965.	
	No.	% of Total	No.	% of Total	No.	%	No.	%	No.	%
Number of live premature births born at home and transferred to hospital before the 28th day, as a % of all premature live infants born at home.	11	21.2	12	28.6	9	20.5	12	36.4	11	45.8

Babies are taken from home to hospital by ambulance which has a special incubator in which both temperature and heated concentration can be controlled. The baby is accompanied to hospital by the midwife. As no special facilities exist at the Llwynypia and East Glamorgan Hospitals, all premature babies are taken to St. David's Hospital, Cardiff, until it is safe for them to be discharged. Premature babies who are nursed entirely at home are the heavier babies who do not need the special care that only a Specialist Centre at a hospital can provide.

The following tables show the details of premature births occurring during 1965 according to weight at birth.

TABLE 42

PREMATURE LIVE BIRTHS.									
Weight at Birth	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to Hospital on or before the 28th day.		
	Total	Died in first 24 hours of birth	Died be- tween 1 & 28 days.	Total	Died in first 24 hours of birth	Died be- tween 1 & 28 days	Total	Died in first 24 hours of birth	Died be- tween 1 & 28 days
3 lbs. 4 ozs or less.	11	3	4	Nil	Nil	Nil	3	1	1
Over 3 lbs. 4 ozs and up to and including 4 lbs. 6 ozs.	18	4	2	Nil	Nil	Nil	6	Nil	1
Over 4 lbs. 6 ozs. and up to and including 4 lbs. 15 ozs.	36	Nil	Nil	1	Nil	Nil	1	Nil	Nil
Over 4 lbs. 15 ozs. and up to and including 5 lbs. 8 ozs.	51	2	1	12	Nil	Nil	1	Nil	1
Totals	116	9	7	13	Nil	Nil	11	1	3

Unmarried Mothers.

There are many angles to this problem and they may be divided into moral and health problems. Here we are concerned with the latter. The infant mortality rate for illegitimate children is much higher than that for children born in wedlock. The Minister of Health has urged local authorities to co-operate with and re-inforce the work of voluntary moral welfare associations. Some local health authorities themselves provide ante-natal and post-natal homes

besides employing a social worker; many others use their maternity and child welfare powers financially to assist voluntary associations which maintain ante-natal and post-natal homes providing for the wider needs of these women. Many women are successfully helped but others often of low-grade mentality are difficult and form one class of "problem family".

There has been a change in the attitude of society towards the unmarried mother and her children. Apart from special provisions during childbirth there is entitlement to insurance benefits under the National Insurance Act.

During 1965 a total of 9 unmarried mothers from Rhondda entered mother and baby homes and were helped in this way by the Health and Welfare Services Committee of the Rhondda Borough Council.

T A B L E 43.

P R E M A T U R E S T I L L B I R T H S		
Weight at Birth	Born in Hospital	Born at Home or in a Nursing Home.
3 lbs. 4 ozs. or less	13	1
Over 3 lbs. 4 ozs. and up to and including 4 lbs. 6 ozs.	7	1
Over 4 lbs. 6 ozs. and up to and including 4 lbs. 15 ozs.	1	Nil
Over 4 lbs. 15 ozs. and up to and including 5 lbs. 8 ozs.	Nil	Nil
Totals	21	2

Infant Welfare Clinics.

There was a slight fall in the number of children who attended our infant welfare clinics in 1965, compared with 1964. Dr. Soper of Porth held his own special infant welfare surgery in addition to some other general practitioners in the Borough

Attendances at Infant Welfare Clinics in Rhondda 1965.

I N F A N T W E L F A R E			
	Born 1965	Born 1964	Others Under 5 Years
First Visits	1288	1074	786
Re-Visits	6338	5100	812

Our infant welfare clinics are on the whole, well designed and adequately staffed. Only one clinic at the Y.M.C.A. building at Porth is situated in hired premises: the other infant welfare clinics are held at our seven clinics, four of which were purpose built, and three are premises adapted for this purpose. There is one clinic for every 12,500 of the population. The ratio for England and Wales is one clinic per 7,700 of the population but it must be remembered that there are many clinics in other parts of the country and even in the County of Glamorgan, which are in hired church halls and chapel vestries, many such premises being unsuitable.

The infant welfare clinics are usually manned by a medical officer, one health visitor, a clinic nurse and a food sales clerk. Mothers bring their babies throughout their early life for medical examination at intervals but attendances are rare after the first year of life. Immunisation and vaccination are given against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox. Mothers can also consult health visitors on baby care and management and a wide range of baby foods is available at reasonable prices.

A register is compiled of children who for a variety of reasons may develop such disabilities as deafness or backwardness and the progress of these children would be followed into school life, thus ensuring that they will receive the necessary medical treatment or the appropriate form of education suited to their requirements.

Medical Officers at infant welfare clinics may also refer children to family doctors for treatment for defects they discover at medical examinations, to the physiotherapist via the orthopaedic surgeon for treatment of orthopaedic defects and to the dental surgeons for dental care.

The following table indicates the quantity of Government foods distributed since 1957 and it will be noted that Government foods were also distributed free of cost to mothers with very low incomes.

T A B L E 44.

Year	National Dried Milk				Vitamin Preparations.				Orange Juice	
	Full Cream		Half Cream		Cod Liver Oil (Bottles)		A & D Tablets (Packets)			
	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Free	Paid
1963	716	3977	14	119	854	1202	219	1097	3741	13669
1962	626	4491	33	168	701	1168	193	1100	2672	12157
1961	249	2595	10	198	2691	1558	1397	458	1399	17291
1960	465	6015	38	305	4692	-	2571	-	1034	31998
1959	693	6503	29	423	4762	-	2114	-	1219	30214
1958	736	8702	44	495	5447	-	2512	-	890	33909
1957	724	17148	50	923	8571	-	2956	-	1624	53311
1964	602	3714	1	92	946	1237	170	1051	3573	17314
1965	375	3414	5	12	864	1163	192	934	3827	20965

The following were provided with dental care:-

T A B L E 45.

	<u>Examined</u>	<u>Needing treatment</u>	<u>Treated</u>	<u>Made dentally fit</u>
Expectant & nursing mothers	49	49	49	20
Children under five	184	203	203	120

T A B L E 46.

Forms of Dental Treatment Provided.

	<u>Expectant and Nursing Mothers</u>	<u>Children Under 5 Years</u>
Scalings and gum treatment	7	5
Fillings	74	149
Silver nitrate treatment	Nil	17
Crowns or inlays	2	Nil
Extractions	108	391
General anaesthetics	37	200
Dentures - full	3	Nil
partial	4	Nil
Radiographs	2	Nil

Testing for Phenylketonuria.

With a view to preventing mental retardation associated with phenylketonuria by early diagnosis and treatment, Health Visitors carry out tests for phenylketonuria on all babies. This is done by examining the urine of six-week old babies. The incidence of phenylketonuria is very low and no cases have come to light so far.

Midwifery Service.

The College of Obstetricians and Gynaecologists has advocated "that the ultimate aim should be to provide obstetric beds for all women who need or will accept institutional confinement." They base this recommendation on the fact that institutional confinement provides the maximum safety for mother and child.

A domiciliary midwifery service is not self sufficient. The support of a maternity institution is indeed essential for abnormal cases and for women expecting a sixth or subsequent child. It is also needed for women requiring treatment which cannot be given in the home and for women whose domestic circumstances are unsuitable for home confinement. There is some difference of opinion about the need for first confinements to take place in institutions, but a considerable body of informed opinion favours this too.

The domiciliary service also needs the support of ante-natal clinics, obstetric specialists and a blood transfusion service, based for preference on a hospital.

The Rushcliffe Committee estimated that a whole-time midwife working in favourable circumstances can book 66 confinements a year without a pupil, or 90 with a pupil. The more recent report of the Working Party on midwifery favours a reduction of the case load to 55 cases a year for the whole-time domiciliary midwife. As and from June 1965 there was a significant fall in the number of home confinements in the Rhondda Borough as the following table shows:-

No. of Home Confinements.

Jan.		61
Feb.		55
Mar.		62
April		57
May		64
<u>June</u>		<u>35</u>
July		35
Aug.		37
Sept.		44
Oct.		35
Nov.		35
Dec.		30
<hr/>		
Total	1965	550
do.	1964	730
do.	1963	812
do.	1962	857
do.	1961	816

The new maternity unit at Llwynypia Hospital was opened in October 1964 and this is one of the reasons for such a decrease. Another reason was the change in Maternity Benefits which became operative in February 1965. Prior to this, women who were confined at home received a Home Confinements Grant of £6 as well as a Maternity Grant of £16. Those who entered hospital for the birth were only entitled to the Maternity Grant of £16.

In February 1965 the system of payment was changed and one grant of £22 was paid whether or not a woman was confined at home or entered hospital. Consequently more women then opted for hospital confinement.

The drop in home confinements has however been offset by the increase in early discharges, particularly 3rd day discharges and midwives have had to undertake a greater volume of nursing as the following table shows:-

<u>No. of Early Discharges.</u>	
1961	128
1962	175
1963	312
1964	369
<u>1965</u>	<u>648</u>

On the 1st January 1965 the strength of the Midwifery Service was as follows

viz: Full-Time Midwives - 17
Relief Midwives - 2
Home Nurse/Midwife - 1

In the past it had always been the practice in the Rhondda Borough for midwives to be "on call" for 24 hours a day, other than on their official week-end or day off. This meant that every midwife could be called upon at any time of the day or night to attend to patients in her district. This had always proved to be an unsatisfactory system and the County Nursing Officer at a special meeting of midwives outlined several "off duty" rota schemes which were operating successfully in other areas.

One of the schemes was adopted and put into operation for a probationary period of three months. The adoption of such a scheme meant that each midwife had a "pre-arranged period of duty and adequate time off during which she would not be "on call", thus enabling her to make full use of her leisure time at the same time knowing that her patients in her district were being attended to by one of her colleagues.

During the year the services of two full-time midwives were lost to the authority and they have not been replaced in spite of repeated advertising campaigns in which "fringe" benefits such as car allowances, council housing etc. were offered.

The number of births notified during the year under Section 2 or 3 of the Public Health Act is given below and a comparison is made with previous years.

T A B L E 47.

	1958	1959	1960	1961	1962	1963	1964	1965
No. of Births notified	1635	1603	1595	1644	1689	1681	1636	1607
Live Births	1585	1545	1548	1606	1628	1634	1605	1569
Stillbirths	50	58	47	38	61	47	31	38
No. of hospital live births	847	720	725	810	848	845	906	1039
No. of domiciliary live births	738	825	823	796	841	789	699	530
No. of hospital stillbirths	32	37	35	26	40	38	21	32
No. of domiciliary stillbirths	18	21	12	12	21	9	10	6

The percentage births which took place in hospital in recent years is given below:

<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
54	47	48	51	50	53	57	67

Health Visiting Service.

Under Section 24 of the National Health Service Act, 1946, the Local Health Authorities are responsible for health visitors who are appointed "for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers and as to measures necessary to prevent the spread of infection".

Prior to 1948, the health visitors gave their main attention to the care of mothers and young children. The under fives received their concentrated attention. This group was considered to be an important one.

The reduction in the infant mortality rate is as good a testimonial as one would wish to present to the health visitors on their work, but one may wonder that if the battle against the causes of infant ill-health has been largely won, whether health visitors are really necessary today? The answer to this is given in Section 24 of the Act itself which enlarges the scope of the Health Visitors' work to include the health of the whole family. The health visitor has lost her specialised group interest and has become one of what is really a vast army of social workers. Health Education will become a major function of the health visitor.

It is becoming more and more apparent that consideration must be given to the future role of the health visitor. The Health Visiting and Social Work (Training) Act 1962 set up a Council for the training of health visitors whose duty it is to control training schemes.

For effective health visiting it is essential that there should be the utmost co-operation between the health visitor and the general practitioner. A Committee of the Nuffield Trust have suggested that health visitors should not be given an area in which to work but that they should be associated with a family doctor and have a case-load based on the families under a particular doctor's care.

It will be noted from the table below that 2,648 aged persons were visited. This illustrates the principle outlined above that the work of the health visitor has changed. A great deal of the health visitor's time is taken up by visits to the elderly and such work, although of inestimable value is time-consuming.

The following table indicates the number of patients visited by Health Visitors during the year:

<u>T A B L E 48.</u>	
<u>Patients visited by Health Visitors.</u>	
	<u>Number.</u>
Children born in 1965.	1593
" " " 1964.	1711
" " " 1960 to 1963.	3014
Total number of children..	6318
Persons aged 65 and over	2648
Number of aged visited at special request of General Practitioner or hospital.	162
Mentally disordered persons	22
Number of mentally disordered visited at special request of G.P. or hospital	5
Persons discharged from hospitals (not maternity or mental patients)	33
Number of above patients visited at special request of a G.P. or hospital.	1
Number of T.B. households visits.	553
Number of households visited on account of other infectious diseases.	6

During 1965, health visitors undertook a Health Education programme in Junior Schools in the Borough when the film "Story of Menstruation" was shown to girls of an appropriate age group. The film was a Disney colour cartoon and was produced in the belief that accurate knowledge helps to create a normal and healthy attitude towards this subject. It explained the menstrual period in simple, dignified language. The health visitors gave a short introductory talk before the film was shown and answered questions after the children had seen the film. Head Teachers in schools in the Borough were very appreciative of the way the programme was carried out.

The establishment of the Health Visiting/School Nursing Service is twenty officers. There is also a Nursing Officer in charge. A temporary health visitor is seconded for duty with the Medical Research Council and is supernumerary to the establishment. All the health visitors and the Nursing Officer in charge possess the Health Visiting Certificate.

Home Nursing Service.

Section 25 of the National Health Service Act places on the Local Health Authority the duty to make provision in their area for securing the attendance of nurses on persons who require nursing in their own homes.

The primary function of the service is sick nursing but it should be noted that it also serves two other purposes:-

- (1) to support home medical supervision and economise the time of the family doctor;
- (2) to spare hospital beds by enabling more cases to be cared for at home and by making early discharge from hospital more often a practise of choice.

The home nursing service, in other words, should be regarded as a handmaid of the family doctor and hospital service, and should be made as useful as possible to both.

Ordinarily, a nurse is summoned by the family doctor and works under his direction. The service is provided free, and arrangements are also made for lending sick-room equipment free of charge. This is done from the Personal Health Services Section. In many homes where financial resources are limited, the free loan of equipment adds to the effectiveness of the nursing service.

District nurses co-operate well with the general medical practitioners - here there is commonly a real partnership. They carry out a very definite job of work. Improvisation, and adapting techniques to circumstances has to be the keynote of the district nurse at her work. The volume of work in connection with the chronic sick continues to increase, particularly as the hospitals have as yet found no solution to the shortage of chronic sick beds. With an ageing population, this aspect will become more and more important.

There is not sufficient information about sickness in the home to estimate what demands are ultimately likely to be made on the home nursing service which is freely available according to need.

The establishment of Home Nurses in the Rhondda Borough is as follows:-

18 full-time Home Nurses
7 part-time relief Home Nurses
8 casual relief Home Nurses

This represents an establishment of .18 per 1,000 population and the Command Paper "The Development of Community Care" presented to Parliament by the Minister of Health in 1963 considered that local authorities with well-developed home nursing services had a ratio of .18 per 1,000 population. The care of the elderly at home is a major factor in any assessment of the future needs of the home nursing service.

The following table shows the increases in the percentages of the aged cases attended and the number of visits made to the aged.

T A B L E 49.

Year	Total No. of Patients who were attended	Patients over 65 years	% of total cases	Total No. of visits paid	Visits to Patients over 65 yrs.	% of total visits
1953	2,209	492	22	74,331	35,924	48
1954	2,121	555	26	76,930	36,955	48
1955	2,178	576	26	77,633	34,973	45
1956	2,674	823	31	83,408	37,785	45
1957	2,791	1000	36	90,462	44,738	49
1958	2,394	979	41	79,236	43,271	55
1959	2,356	923	39	79,223	46,527	59
1960	1,957	952	49	78,662	48,880	62
1961	2,207	957	43	83,767	49,334	59
1962	2,056	959	47	83,591	51,076	61
1963	1,955	946	48	80,474	52,711	65.5
1964	2,362	1115	47	84,578	52,702	62.3
1965	1,958	1004	51	80,393	52,108	65

Vaccination and Immunisation.

The organised programme of immunisation at present in operation in Great Britain comprises procedures against six infectious diseases, i.e., diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis.

As these procedures are carried out during childhood - most of them during the first two years of life - it is necessary to consider a number of factors when drawing up a programme of immunisation procedures. Such factors are:-

- (1) The provision of the best possible immunity against each particular disease.
- (2) The number of injections should be as few as possible.
It has been found, in practice, that it is advantageous to combine the diphtheria, tetanus and whooping cough vaccines into one "triple antigen". This results in one injection instead of three.
- (3) The risk of causing harmful reactions or complications must be kept at a minimum.
- (4) Due regard must be had for the age period at which a particular disease risk is at its greatest.

Obviously, no programme will completely fulfil all the ideal requirements; it will necessarily be a compromise and will need revising from time to time. Furthermore, regard must be had to the fact that the number of effectively vaccinated and immunised children in the community tends to drop sharply unless constant effort is made to encourage the parents to take advantage of the protection offered. Particular attention must be paid to those children who are not regular attenders at infant welfare centres.

Vaccination against Poliomyelitis.

Poliomyelitis is a serious disease. It can cripple for life - it can even kill. Vaccination reduces the chances of contracting the disease to negligible proportions. In those very few cases in which the disease is contracted in spite of vaccination, the effects are far less serious than in the unvaccinated. Parents having their children vaccinated have their minds set at ease knowing that one of the terrors of childhood and early adulthood has been reduced, if not eliminated altogether. Many millions of people have already received the vaccine and, as a result, the number of cases of poliomyelitis has been dramatically reduced to a small fraction of its former magnitude. But until such time as the whole population has been vaccinated, the risk of contracting the disease, or of a small epidemic starting amongst the unvaccinated, remains very real indeed.

Most of the vaccine used nowadays is the oral type (given by mouth). In the case of babies, a few drops of the vaccine are dropped directly into the baby's mouth or given with a teaspoonful of syrup. In the case of older children and adults, the vaccine is taken on a lump of sugar.

The following table indicates the progress of the Poliomyelitis vaccination campaign since the commencement of the scheme in May 1956.

VACCINATION AGAINST POLIOMYELITIS.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED

DURING 1965.

TABLE 50(a)

Completed Primary Courses.

Type of Vaccine or Dose	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple * D.T.P.P.	15	13	2	2	1	-	33
2. Salk	10	11	1	1	-	-	23
3. Sabin x	28	759	223	79	52	11	1152

TABLE 50(b)

Re-inforcing Doses.

1. Quadruple * D.T.P.P.	-	-	-	1	1	-	2
2. Salk	-	-	-	1	2	-	3
3. Sabin x	-	-	1	11	974	18	1004

NOTES: * Injection includes Poliomyelitis vaccine.

x Given orally.

The number of smallpox vaccinations carried out in Rhondda during 1965 was as follows:

TABLE 50(c)

	Total	Under 1 yr	1 yr	2-4 yrs.	5-15 yrs
Smallpox Vaccination.	97	5	52	38	2
Re-vaccination	26	Nil	1	13	12

Immunisation against Diphtheria, Whooping Cough and Tetanus.

Although a considerable number of children are vaccinated against diphtheria there is considerable room for improvement. Mothers of new born babies are sent a special letter by me pointing out the importance of having their babies immunised against diphtheria, whooping cough and tetanus. Health Visitors also advise parents on this matter and so do the excellent publications by the British Medical Association and Advertisers giving advice to mothers on how to bring up their babies. Nevertheless, only about two thirds of the mothers have their babies immunised.

Almost all children who attend infant welfare clinics are immunised and it is proposed, as was done in 1964, to conduct a special drive to persuade parents of children who do not attend our clinics to have their babies protected against these diseases which can disable children or cause untimely death.

The following Tables indicate the courses of treatment against Diphtheria, whooping cough and tetanus given in 1965.

Full Courses of Treatment against
Diphtheria, Whooping Cough and Tetanus

Vaccination of Persons Under 16 Years Completed during 1965.

TABLE 50(d) - Completed Primary Courses - Number of Persons Under Age 16.

Type of Vaccine or Dose.	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P.	15	13	2	2	1	-	33
2. Triple D.T.P.	556	506	48	18	13	1	1142
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-

TABLE 50(d)

Type of Vaccine or Dose	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
4. Diphtheria/ Tetanus	2	6	14	4	10	1	37
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-

TABLE 50(e) Reinforcing Doses - Number of Persons Under Age 16.

Type of Vaccine or Dose	Year of Birth					Others Under Age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P.	-	-	-	1	1	-	2
2. Triple D.T.P.	-	-	1	-	2	1	4
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-
4. Diphtheria/ Tetanus.	-	149	571	215	824	5	1764
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	-	-	-

Prevention of Illness - Care and After Care.

The risk of breakdown, after in-patient treatment and a consequential re-admission to hospital depends in large measure on the quality of home care available. It is generally recognised that the family doctor has a special part to play in weighing the circumstances of individual cases, deciding what is needed and advising his patient accordingly. But there is often much he would like to do for a patient that he cannot accomplish unaided e.g. re-housing, home-help, after-care for the mentally ill, home nursing etc. Such needs may be apparent but their fulfilment is usually beyond the resources of the family doctor. To meet them, a range of non-medical help is available which may conveniently be referred to as CARE and AFTER-CARE.

Widely interpreted, the expression includes services provided by:-

- (1) hospital authorities (the almoner service);
- (2) local health authorities;
- (3) the Ministry of Labour (rehabilitation schemes, disablement, rehabilitation officers),
- (4) certain industrial undertakings (rehabilitation schemes).

Care and after-care services are intended to support medical services, with the object of securing as complete a recovery as possible and here we are concerned with the duties of the Local Health Authority under Part III of the National Health Service Act of 1946.

Discharge of Patients from Hospital and Arrangements for After-Care.

Close co-operation already existed prior to 1965 between the various hospitals and my Department concerning the provision of domiciliary services following the discharge of patients from hospital. Co-operation had been very close with regard to the after care of mental patients, nursing mothers discharged early from maternity hospitals, and elderly patients from the Geriatric Hospital. Co-operation concerning the discharge of other patients existed to a varying extent but much depended on the zeal of individual hospital sisters.

Early warning of discharge was often lacking in respect of surgical patients where continued treatment at home should have been provided by the home nurse, with the result that neither the home nurse nor the family doctor was aware of the treatment to be provided.

The problem had been under consideration with the Secretary of the Hospital Management Committee for some time and there was little doubt that the matter was not an easy one to solve for the hospital service. In the early part of 1965 schemes were devised with the Hospital Secretary at Llwynypia for the early warning to me of hospital discharges from the Rhondda Group of Hospitals and similar action was taken from hospitals in Pontypridd and Church Village.

The number of patients involved were few but the new system allowed for patients in need to be provided with the services of a nurse or home-help immediately on discharge from hospital.

Health Education.

We must think of "health education" as including any form of instruction designed to influence conduct in a direction favourable to individual or community health. So defined, the scope of health education is wide and the groups for whom it is intended diverse.

Lord Woolton in the Annual Report of the Central Council for Health Education 1945/46, suggested that health education for the individual implies:-

"A new attitude towards health which is no longer content merely to be not ill but strives to achieve a state of positive, abounding health."

The provision of healthy surroundings and good medical and welfare services plays a part, the importance of which cannot be over-estimated, but the main methods used for telling the adult public about health and disease are as follows:-

1. Radio and Television
2. Newspaper publicity
3. Posters
4. Leaflets for distribution
5. The Cinema
6. Lectures and demonstrations.

All the above methods have their value but in the long run, probably the greatest contribution to health education by medical departments and doctors is made in the course of personal contact between health department staff and citizens. Medical officers, health visitors, midwives and home nurses all have their part to play. It is they who meet citizens with particular health problems.

Behaviour on which health depends is often a reflection of example and practice in the home. There can, indeed, be no complete substitute for good parental example and a good home environment. Second to the home is the school and thinking in terms of future generations, example and teaching in school can play a vital role in determining how people behave. School children are at an age when they can be impressed by a topic seriously presented. The right kind of health education suitably presented can encourage a healthier attitude towards sex and child-bearing.

Smoking and Health.

It has been fully accepted in medical and Government circles that cigarette smoking is a major cause of bronchitis, lung cancer and other diseases.

The Royal College of Physicians Report states unequivocally:

- (i) "Cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various less common diseases."
"Cigarette smokers have the greatest risk of dying from these diseases and the risk is greater for the heavier smokers."
- (ii) "The many deaths from these diseases present a challenge to medicine; in so far as they are due to smoking they should be preventable."
- (iii) "The harmful effects of cigarette smoking might be reduced by efficient filters, by leaving longer cigarette stubs, or by changing from cigarette to pipe or cigar smoking."

The Report had immediate repercussions in Parliament. Spokesmen for the tobacco industry issued the standard rejoinder that the evidence was merely "old data without any new research findings", but the statement sounded weaker and more pathetic than ever.

The following tables indicate the number of deaths in the Rhondda from bronchitis and lung cancer in 1965:-

TABLE 51.
BRONCHITIS.

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
1956	84	24	108
1957	92	25	117
1958	95	34	129
1959	79	20	99
1960	75	9	84
1961	115	30	145
1962	83	22	105
1963	75	27	102
1964	85	26	111
1965	79	14	93
Total	862	231	1093
Average	86	23	109

The death rate in the Rhondda among men from bronchitis is approximately twice as high as that for England and Wales.

TABLE 52.
LUNG CANCER.

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
1956	28	1	29
1957	25	4	29
1958	16	3	19
1959	37	6	43
1960	32	2	34
1961	28	1	29
1962	30	2	32
1963	28	2	30
1964	44	2	46
1965	38	9	47
Total	306	32	338
Average	31	3	34

For public health staff it was pleasing to note that on 8th February, 1965, the Minister of Health announced in the House of Commons that the Government had decided that the time had come to end the advertising of cigarettes on television. He added that this decision was being conveyed to the Independent Television Authority by the Postmaster General and it would come into operation as soon as practicable. He also indicated that other forms of cigarette advertising were being actively considered.

A stop smoking clinic was held at a local Grammar school from 5th to 9th April, 1965, and a poster competition for school children in the Borough was organised which stimulated interest amongst the school population. In future stop smoking campaigns will be concentrated in schools in the Borough.

Conclusion.

A campaign on the dangers to health from smoking will need to be a very long one and little effect can be expected for some time. There is no doubt that the present state of knowledge about the casual relationship of smoking and disease is inadequate and will have a negligible result in saving life in the future. Smoking is a pleasureable past time and the long contracted habits of many millions of people cannot be changed in a few months. Social imitation is probably the main reason why young people take up smoking and persistent and unrelenting education of the public is required so that in time the accumulation of individual decisions to give up smoking will bring about a change in social attitudes, so that smoking will cease to be the smart thing to do and the habit will decline. The tobacco industry however, will obviously do its very best to prevent a fall in its sales.

Prevention of Accidents.

Health Visitors, Midwives, Home Nurses and Home Helps are given guidance on the advice they should give to householders on how to avoid accidents. Home-Helps are not normally asked to act as health educators but, as they regularly visit aged and infirm people who live alone, they are ideally suited for this task.

The loss of life due to accidents in the home is considerable. Fatal accidents in the home are more frequent than on the roads and the risk of death in this country from accidents has been illustrated in this way.

Railway Accidents:	A little less than one death a day.
Air Accidents:	One death every four days.
Road Accidents:	Nineteen deaths a day.
Home Accidents:	Twenty-three deaths a day.

Domestic accidents increase every year but fortunately they have been declining in the Rhondda during the past three years and I hope that the health education activities of our staff is in some way responsible for this decline.

TABLE 55.

Number of deaths attributed
to Accidents in the Home - 1965.

MALES Age Groups.

Type of Accident	Under 1	1 +	2-4	5-54	55-64	65-74	75 +	Total
Fracture of Femur	-	-	-	-	-	1	1	2
Ddoxine poisoning (misadventure)	-	-	-	1	-	-	-	1
Fracture of skull due to fall.	-	-	-	-	-	1	-	1
Total 1965	-	-	-	1	-	2	1	4
1964	-	-	1	2	-	1	2	6
1963	-	1	-	1	-	-	-	2
1962	1	-	-	3	2	1	1	8
1961	-	-	2	-	1	1	3	7

FEMALES.

Age Groups.

Type of Accident.	Under 1	1+	2-4	5-54	55-64	65-74	75+	Total.
Fracture of Femur	-	-	-	-	-	1	1	2
Fracture of ribs due to fall.	-	-	-	-	-	-	1	1
Fall	-	-	-	-	1	-	1	2
Burns	-	-	-	-	-	-	1	1
Total 1965	-	-	-	-	1	1	4	6
1964	-	-	-	2	-	1	4	7
1963	1	-	1	-	1	6	2	11
1962	-	-	-	-	1	2	4	7
1961	-	-	-	-	-	4	6	10

Problem Families.

Voluntary agencies and statutory authorities up and down the country have long been aware that there exists a hard core of unfortunate families needing a great deal of care, supervision and help. Their cost to the community in terms of money and services is also well known and the records of health and welfare departments contain ample evidence that a great deal of the time of local authorities and other bodies has to be devoted to these families and the problems they create.

Although the problem family is hard to define, it is not usually difficult to identify in practice. Overcrowding, uncleanness and bad management are the rule and mental backwardness and tempermental instability are common factors. One outstanding characteristic common to all problem families is that one or more members of the family is weak in character and lacking in resolve, so that the family as a whole does not maintain, unaided, the standards of cleanliness and social conduct demanded by the community.

During 1965, a Co-ordination Committee consisting of various social workers met every other month under my chairmanship to discuss the problem families in the Borough of Rhondda.

Reports on individual families were prepared for the Committee by Health Visitors who regularly visit them, and considerable material aid in the form of bedding, clothing, furniture, etc., was afforded them via voluntary agencies such as the W.V.S. During the year, six families were supervised by the Committee and five families remained under supervision. Often, little progress is made, which can be disheartening, but there is no doubt that without the support given to these families by members of the Committee, the families would deteriorate still further. Obviously, a problem family can only be effectively dealt with if the services provided are of a comprehensive nature. The Family Caseworker, - a worker who is willing and able to teach dull, uncomprehending housewives, to roll up his sleeves and work in problem households, to help personally with cleaning and decorating, repairing broken furniture and doing all kinds of odd jobs, can reclaim a proportion of problem families. Anything less than this will prove to be inadequate and merely "scratching the surface" of the problem.

Tuberculosis.

Respiratory tuberculosis is certainly a gradually disappearing disease in Britain accounting for only a fraction of the deaths attributable to it in past years. In particular, the decline in the last decade is attributed by most authorities to the effects of new antibiotics such as streptomycin. Provided the rate of progress continues, there is a possibility that the disease may become as rare in this country in ten years time as diphtheria has become today.

Briefly, the following are the measures that need to be stressed in the control of the disease:

- (1) A strict control of individuals affected by the disease, including a thorough tracing of contacts.
- (2) B.C.G. vaccination for adolescents and individuals and groups at special risk.
- (3) Adequate immigration laws and procedures to prevent unascertained open cases of tuberculosis from entering the country.

In 1965 there were notified 45 cases of pulmonary tuberculosis compared with 53 cases in 1964 as the undermentioned table shows.

TABLE 54.

Notifications of Respiratory Tuberculosis by Sex and Age.

Age Range.

		0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over	Total
1960	Male	1	-	-	3	2	2	8	14	12	6	48
	Female	-	2	1	5	3	4	1	3	-	-	19
1961	Male	1	1	-	1	1	2	4	9	8	5	32
	Female	-	-	-	-	2	2	2	3	1	1	11
1962	Male	2	1	-	-	4	4	4	8	8	8	39
	Female	-	-	-	3	4	5	1	-	1	-	14
1963	Male	-	-	-	2	1	1	1	4	9	8	26
	Female	-	-	-	1	2	2	3	1	1	-	10
1964	Male	-	1	-	-	1	1	6	12	8	10	39
	Female	1	1	-	2	6	2	1	1	-	-	14
1965	Male	-	-	-	1	2	1	3	10	6	7	30
	Female	1	-	-	5	2	3	1	-	1	2	15

B. C. G. Vaccination for School Children.

This vaccine is offered to four groups of people -

- (a) people who have been in contact with tuberculous patients.
- (b) infants born to tuberculous parents.
- (c) school children aged 13 years or over (it can be given to those of ten years and over)
- (d) nurses, doctors, and medical superintendents who come into contact with tuberculous patients.

The following table indicates the number of children vaccinated by Assistant School Medical Officers under the Authority's arrangements:-

TABLE 55

Children aged 13 and over.

	1959	1960	1961	1962	1963	1964	1965.
No. skin tested	2671	1488	1205	1009	1217	921	1038
No. found positive	422	239	205	289	307	242	256
No. found negative	2107	1134	850	627	910	678	782
No. vaccinated	2102	1132	847	557	893	678	781

B.C.G. protects the school child from tuberculosis and this immunity continues for at least ten years. Unfortunately, because vaccination can be a little painful, a small proportion of school children appear to persuade their parents not to give their consent to vaccination.

After-care

The after-care of tuberculous patients is the responsibility of the Health Visitors. In carrying out their duties they explain to their patients the implications of their illness and show how it can be managed. If the patient has been discharged from hospital with a positive sputum Health Visitors make investigations into the home circumstances to enable the Authority to decide whether a bed and bedding should be provided in order to isolate the patient from his family when he continues to live at home. Such instances are rare because it is now possible in the majority of cases to patients with positive sputum to remain in hospital until their sputum is negative. Nevertheless a long period of chemotherapy is required after bacillae have disappeared from the sputum and health visitors assist in ensuring that the patient recuperating at home co-operates with the Chest Physician in carrying out his advice.

Chiropody Service.

Loss of mobility due to foot trouble may be a contributory cause of an elderly person's need for residential care. It can often be prevented by effective and adequate chiropody treatment. Before 1959, chiropody services for the elderly were provided in the main by voluntary organisations. In 1959 local health authorities were authorised to provide chiropody. The great majority of them now provide services direct. Patients obtain the service in local authorities' Clinics and, when necessary, at home.

In the Rhondda Borough the service is provided free to aged people (i. e. women over 60 years and men over 65 years of age), registered handicapped persons, blind persons and expectant mothers who require chiropody treatment and where the family doctors make a recommendation to this effect. Treatment is given by fully qualified chiropodists at clinics in the Borough and home visits are also made to house-bound patients.

The service is an important one and the demand for it increases day by day. To be of real value treatment should be regular and continuous. If the interval between treatments is overlong as is the case at the present time, it means that basic treatment must start all over again. This is detrimental to the foot-health of the community. Staffing establishment of the service should be on a realistic basis and plans made to staff the service so that the recommended cycle of treatment should not exceed 6 weeks.

The following table gives details of the number of patients who received treatment during the year.

TABLE 56(a)
CHIROPODY 1965.

No. of Patients who received treatment during the Year 1965.

Treatment Centre	Total	Aged		Registered Handicapped Persons						Expectant Mothers.	Others	
				Blind		Physically Handicapped		Diabetic				
		M	F	M	F	M	F	M	F		M	F
Ynyswen Clinic	359	55	282	1	1	4	5	1	1	7	1	1
Ystrad Clinic	265	44	208	-	-	4	5	1	1	1	-	1
Court House Clinic	154	21	124	1	1	3	2	-	-	-	-	2
Trealaw Clinic	122	23	94	-	1	1	2	-	-	-	-	1
Penygraig Clinic	122	28	83	1	-	2	5	-	-	3	-	-
Ynyshir Clinic	100	17	80	-	-	1	1	-	-	-	-	1
Ferndale Clinic	310	50	249	-	2	3	5	-	-	1	-	-
Patient's Home	558	122	409	-	1	4	16	2	4	-	-	-
Clydach Court & Fairfield	52	14	36	-	-	-	-	-	-	-	1	1
Totals	2042	374	1565	3	6	22	41	4	6	12	2	7
No. of treatments given during the year 1965.	5895	1048	4508	9	16	81	130	9	13	27	13	41

The following Table shows the Chiropody case load at the end of 1965.

TABLE 56(b)

Treatment Centre	Awaiting First Treatment	Under Treatment	Total No. of Patients
Fairfield and Clydach Court.	7	44	51
Ynyswen Clinic	1	326	327
Ystrad Clinic	1	249	250
Court House Clinic	Nil	135	135
Trealaw Clinic	Nil	111	111
Penygraig Clinic	2	111	113
Ynyshir Clinic	Nil	97	97
Ferndale Clinic	Nil	298	298
Patient's Home	7	529	536
Totals	18	1900	1918

Provision of Convalescence.

Arrangements are made for convalescent holidays to be provided to patients on medical advice to The Rest Convalescent Home, Porthcawl. The number of bed weeks allocated to the Borough is 90. A large number of applications are received and in the case of the chronic sick, priority is given to patients who have not been to The Rest before.

Medical Comforts.

The free issue of nursing aids for the use of patients nursed at home is made from the Health Services Section or by home nurses. Issues during the years 1960 - 65 were:-

TABLE 57

Items issued by:-	1960	1961	1962	1963	1964	1965.
Home Nurses	136	118	107	70	53	47
Health Services Section	437	655	507	540	363	494
Totals	573	773	614	610	416	541

These medical comforts assist in the domiciliary care of patients. Incontinence pads were issued. These are paper pads and tend to be rather expensive but they do help to ensure that the patients' relatives are relieved of heavy laundry work. An example of the type of equipment issued in 1965 is as follows:-

<u>Rubber Bed Sheets</u>	<u>Bed Pans</u>	<u>Bed Rests</u>	<u>Air Rings.</u>
51	89	109	75
<u>Urinals</u>	<u>Invalid Chairs</u>	<u>Crutches</u>	<u>Walking Sticks.</u>
26	54	31	20
	<u>Bed Cradles</u>	<u>Commodes.</u>	
	27	11	

A follow-up letter is sent to patients every three months to enquire whether they are still in need of the equipment so that it might become available to another. Unless patients or their relatives return equipment when it is no longer needed there is likely to be a delay in meeting the requirements of others.

HOME HELP SERVICE.

The home help service should not be regarded as a separate welfare service complete in itself, but is best seen as complementary to the domiciliary nursing services and the hospital services. The nursing of the chronic sick at home and the care of the aged and infirm has become a prominent feature of our times and the joint effect of the home help and domiciliary nursing services in relieving the pressure on hospital accommodation and improving the desired turnover of hospital beds is an important contribution to the National Health Services.

Most of the cases require the services of a home help for a long period of time and here again, as with other services, we are faced with high costs. Many chronic sick cases and most elderly people have incomes which qualify them for the free services of a home help. Thus more and more it is found that larger numbers of home helps are having to work in homes from which the service receives no income.

The home help service has become a very important part of the Local Health Authority's work. The Minister of Health emphasises the fact that in the future more importance is to be placed upon "community care" and consequently it can be assumed that the home help service is to play an increasingly important part in the future of the Health Services.

It is the intention of the Local Health Authority under its present proposals for the development of community care (i.e., its Ten-Year Plan) to increase its home help establishment two-fold.

The County Council have agreed that the ratio of Home Helps in the Rhondda shall continue to exceed that for the County as a whole. At present, about one-sixth of the Home Helps have been allocated to the Rhondda Borough and the County Council propose to continue this arrangement.

During the year, assistance was given to the following categories of persons, and a comparison is made with the position at the end of previous years.

TABLE 58.

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
Whole fee Charged	18	8	16	6	6	7	7	7	7
Part fee Charged	99	126	151	43	52	39	36	69	36
No fee ...	504	506	501	650	675	695	775	811	1020

The following table indicates the type of household which received assistance in 1965 and comparative figures for previous years are shown.

TABLE 59.

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
Maternity	19	19	11	21	12	11	6	7	4	5
Tuberculosis & Chronic Sick	74	75	79	55	68	53	41	7	129	165
Aged	456	492	461	565	598	645	663	777	730	870
Blind	14	19	22	12	10	17	24	8	2	8
Mental	-	-	-	-	-	-	7	8	22	2
Others	17	16	67	15	11	7	-	-	-	13
	580	621	640	668	699	733	741	818	887	1063

In conclusion, I wish to pay tribute to the remarkable way in which the Rhondda home helps do their work under the guidance of the Home-Help Organiser, Miss M. E. Bowen. The home help service is very much a personal service and householders can become attached to their home helps and look forward to their weekly visits. When old people are ill or troubled, it is the home help that they invariably send for. Because of this closeness that exists between the home help and her patients, the home help notifies me through her supervisor of any impending breakdown, so that the general practitioner can be informed and greater support given from the home nursing and health visiting services.

MENTAL HEALTH SERVICE

The Mental Health Services were delegated to the Borough on the 1st July 1962.

The Mental Health Services are provided under the Mental Health Act, 1959, which introduced "mental disorder" as a new term covering all forms of mental ill health and four main categories are recognised.

(a) Mental Illness.

This covers any kind of mental illness which is an acquired condition.

(b) Severe Sub-normality.

This means an arrested or incomplete development of the mind, so severe that the patient is incapable of leading an independent life, or safeguarding himself from exploitation.

(c) Sub-normality.

This means an arrested or incomplete development of the mind which includes sub-normality of intelligence and requires special care or training but does not amount to severe sub-normality.

(d) Psychopathic Disorder.

This means a persistent disorder or disablement of the mind (whether or not including sub-normality of intelligence) which results in abnormal aggressive or seriously irresponsible conduct on the part of the patient and requires or is susceptible to medical treatment or care or training under medical supervision.

The Act provides that a patient could enter any hospital where the appropriate treatment is available without any formal procedure of application for admission. Compulsory admission would be applied only to those few patients who could not recognise their need for treatment and for whom treatment was not merely desirable but necessary in their own interest or for the protection of others. The advances in mental treatment during the past few years has been exceptionally rapid and under the Ten Year Plan it is estimated that hospital beds for the mentally ill in Wales will fall from 8,740 to 4,590. This is not because fewer patients are entering hospital, in fact there has been a marked increase in the past five years, but because the full length of stay in hospital has fallen and the chronic condition is becoming rare.

These signs are encouraging but the policy of early discharge of mentally ill patients from hospital places a heavy demand on the local authority community care services and particularly on the Health Welfare Officers who assist in the after care of patients who need their assistance.

Community Care Services.

A normal person relies on those with whom he lives and works for understanding, sympathy and co-operation. Where there is mental disorder these supports may be seriously undermined or even destroyed. The mental health services therefore aim at strengthening them or constructing others in their place. Here the main need is for an effective body of social workers, including mental welfare officers, working closely with general practitioners and hospital staff. By providing a personal service of advice and support for the mentally disordered and for their families, the social worker can do much to prevent a breakdown either of the mentally disordered person, or of his social relationships, to obviate the need for admission or readmission to hospital, or to aid rehabilitation. Through personal contact the social worker can also establish what other services are appropriate and try to ensure that the mentally disordered and their relatives take proper advantage of them.

One can expect a ratio of at least 2 mentally ill persons and 3 mentally subnormal persons per thousand population living in the community who will need community care. The Younghusband Report considered that an area with a population of 100,000 should have one psychiatric social worker and four mental health officers, a total of five officers.

In the Rhondda, officers dealing with the community care of the mentally ill are referred to as Health Welfare Officers. In 1965 a fourth officer was appointed to the establishment and in 1967 a fifth officer will be appointed, one of the five to be designated a Senior Health Welfare Officer who will be responsible for the co-ordination of the work of the other four.

During the year Health Welfare Officers maintained close links with general practitioners, after-care visits were made to mentally ill patients at the request of medical superintendents of hospitals and written reports by the Health Welfare Officers are sent at regular intervals to the medical superintendent concerned. The progress of particular patients is discussed at monthly conferences held between the consultants and the health welfare officers. Most patients and their relatives are very appreciative of the advice and support given by these officers.

TABLE 60.

Number of Mentally Handicapped Patients - 31.12.65.

	Subnormal				Severely Subnormal.			
	Under Age 16		16 and Over.		Under Age 16		16 and Over.	
	M	F	M	F	M	F	M	F
Total	1	-	76	58	18	14	41	35
Attending Day Training Centre	-	-	9	8	15	14	9	3
Receiving home visits but not receiving care at Training Centre, hostel or home training	-	-	63	33	2	-	30	29

TABLE 61.

	Number of mentally ill Patients.				Total of all groups of mentally disordered Patients (Mentally ill and Mentally Handicapped.)				
	Under Age 16		16 and over		Under Age 16		16 and over		Grand Total
	M	F	M	F	M	F	M	F	
Total	-	-	125	167	19	14	242	260	535
Attending Day Training Centre	-	-	-	-	15	14	18	11	58
Receiving home visits but not receiving care at Training Centre, hostel or home training.	-	-	117	156	2	-	210	218	430

TABLE 62.

No. of Patients referred to local Health Authority in 1965.

Mentally Ill

	Under Age 16	16 & over		Psychopathic	Total
		M	F		
General Practitioners	-	4	3	-	7
Hospitals, on discharge from in-patient treatment	-	52	48	-	100
Hospitals after or during out-patient or day treatment	-	3	7	-	10
Police Courts ...	-	-	1	-	1
Other sources ...	-	3	14	-	17
Total ...	-	62	73	-	135

TABLE 63.

No. of Patients referred to local Health Authority in 1965.

	Total	Subnormal				Severely Subnormal			
		Under Age 16		16 and over		Under Age 16		16 and over	
		M	F	M	F	M	F	M	F
General Practitioners	-	-	-	-	-	-	-	-	-
Hospitals, on discharge from in-patient treatment.	1	-	-	-	-	-	-	-	1
Hospitals after or during out-patient or day treatment	-	-	-	-	-	-	-	-	-
Local Education Authorities	4	-	-	-	2	2	-	-	-
Police Courts	-	-	-	-	-	-	-	-	-
Other sources	-	-	-	-	-	-	-	-	-
Total	5	-	-	-	2	2	-	-	1

TABLE 64.

Community Care Visits undertaken by Health Welfare Officers
in 1965.

Pre Care Visits		After Care Visits		Subnormal			
				Reports		No Change	
M	F	M	F	M	F	M	F
11	429	836	1052	342	362	270	169

Miscellaneous Visits

500

Non-effective visits

132

Total Visits.

4,103

W E L F A R E S E R V I C E S

Foreword

I have pleasure in submitting to the Health and Welfare Committee a Report on the work of the Welfare Services Section.

The duties of local authorities (i.e., County Councils and County Borough Councils) in respect of Welfare Services are laid down in Part III of the National Assistance Act of 1948, the Act which also served to repeal the previous provisions of the Poor Law. In addition, the National Assistance (Amendment) Act of 1962 gave Borough Councils power to exercise certain welfare functions, while the local Government Act of 1958 empowered County Councils to delegate to large Borough Councils certain of their functions in respect of Welfare Services.

In 1962, Glamorgan County Council delegated to Rhondda Borough Council their duties under the Act with the exception of the duties contained in Section 48 (Protection of Property). At the present time, this is a unique situation, in that in all other schemes of delegation in operation, the duties to provide accommodation are not delegated in this way.

The major provision of Welfare Services in Rhondda Borough may be subdivided into the following categories.

- 1) The provision of residential accommodation.
- 2) The provision of temporary accommodation.
- 3) The provision of Welfare Services for the handicapped (including the blind, partially sighted and deaf).

RESIDENTIAL ACCOMMODATION.

During the year to which this report relates, two homes, "Fairfield", and "Clydach Court", with 33 and 60 beds respectively, were available in Rhondda Borough. Both of these homes are situated at Trealew; in addition to the 60 beds which are available at Clydach Court for permanent residents, an extra two beds are used there for the accommodation of "short-term care" residents, for periods of about a fortnight at a time, for the purpose of providing some temporary relief for the families of elderly persons. The construction of a Home which will eventually accommodate 36 people as part of the Brynderwen project at Ferndale continued, whilst a site at Pentre was acquired and sketch plans produced for the next home which is envisaged as part of the Ten Year Plan. Set out below are details of the provision of existing Homes, at the close of the period under review, together with the future programme in this connection;

	<u>Number of Homes</u>	<u>Available Beds.</u>
Existing Provision	2	93
Under Erection	1	36
Planning Stage	1	35
Projected under Ten Year Plan	3	105
<hr/>		
Total of Homes and Beds available on completion of building programme	7	269

However, it will be appreciated that a great deal of difficulty exists in attempting to forecast, with any real degree of accuracy, the residential accommodation that would be required to meet the needs of the elderly and of the handicapped in 1975. Apart from the recognised weaknesses of demographic prediction over such a period, it may be that the criteria by which needs are assessed at present are not necessarily going to prove to be realistic in the future, having regard for the rapid growth in the scope and extent of the domiciliary health and welfare services in recent years. It will also be recognised that further difficulties in planning exist without close liaison between the Welfare Services Section, the Hospital Services, and the Housing Department. Committee will recall the Welsh Board of Health Circular of 1963 in which the Minister drew attention to housing for the elderly, pointing out that the provision of accommodation with a resident warden who is on call may enable elderly tenants to pass the remainder of their lives there without requiring residential accommodation. In addition, a need also exists for special housing projects to be provided for the elderly, where warden supervision will not necessarily be available. In this context, you will recall the decision

of the Borough Council to go ahead with special units of housing for the elderly at the rate of 30 per annum.

Committee will also recall the Ministerial Memorandum for local authorities and hospital authorities, in which the Minister asked for consideration to be given to the desirability of joint consultative machinery, and suggested the setting up of planning groups of officers and general practitioners for this purpose where none already existed. He also suggested that Hospital Boards should take the initiative in setting up groups of this kind. Machinery along these lines has already been, or is being, established in Wales following a series of meetings convened by the Welsh Board of Health, and in this area the period under review saw the establishment of the East Glamorgan Area Psychiatric and Geriatric Liaison Committee.

Having regard for the necessity for the co-ordination of functions of the Borough Council, in respect of the care of the aged, and accepting the necessity for a diversity of provision under the broad heading of "accommodation", the Brynderwen Project in Ferndale was conceived. Provision is to be made for the independent unit (i.e., the one or two bedroom house or flat) on the one hand, and for the fully residential Home on the other, with Group Flatlets having resident Warden supervision as an intermediate type of accommodation. No doubt there will be occasions when it will prove to be possible to interchange the residents between one unit and another. An extensive development of this kind will also serve to focus the attention of the community at large on the facilities available for the elderly, and may well go a long way towards removing at least some of the fears and misconceptions held by some of our old people about these facilities. This process may well be aided by the provision, within the project, of a community hall and craft centre and, in short, what is being attempted here is the creation of a new community for the elderly, rather than the provision of accommodation within an existing community. Conversely, you will be aware that the project is situated very near to the centre of the township of Ferndale, and continuity with the existing neighbourhood will be stressed, in the belief that the old people will prefer to live in close proximity to a community which contains elements of every age-group.

However, notwithstanding the importance of the provision of accommodation for the elderly, it will also be recognised that the National Assistance Act makes it the duty of the Borough Council to provide accommodation for persons who are in need of care and attention which is not otherwise available to them and whose need arises by virtue of age, infirmity, or any other circumstances. It follows from this that, to qualify for residential accommodation, the age of the applicant is not necessarily the deciding factor, but rather his or her need for care and attention; in practice, although the greatest proportion of residents are of advanced years, there are some who have not yet reached the age of retirement. In addition, the Borough Council sponsors a number of people at special homes run by voluntary organisations outside the Borough- for the most part, these people suffer from severe physical handicaps, such as epilepsy, blindness, spasticity, and so on.

In November, 1965, the Welsh Board of Health issued a Circular drawing attention to the need for an accurate estimate of the number of young handicapped people in any given area needing, or likely to need (having regard for family circumstances and so on) residential care. The circular required local authorities to have regard for these estimates in the preparation of long-term plans, and to make provision which did not entail the transfer of residents great distances from their home areas. Although the evidence available is not conclusive at present, there is every indication that it will probably soon become necessary to consider the provision of specialised accommodation for the handicapped within Rhondda Borough, together with the probable incorporation within such accommodation of some form of rehabilitative procedure to enable at least some of the residents to be supported and helped to a point at which they might be able to live a full and useful independent existence.

The Human Aspects of the Service.

Your Social Welfare Officers, Warden, and Matrons display, in the course of their work, almost limitless tact, patience, and care, in trying to deal with the problems and wishes of the elderly with whom they are concerned, and it may be appropriate at this point to examine some aspects of the difficulties which may be encountered. In very broad terms, the elderly in the community may be regarded as falling into one of three major groups, viz, the fully independent active group, with whom we are not concerned, the chronic sick and infirm, who are generally the responsibility of the hospital and health services, and that group of people who need care and attention which they are unable to give themselves. The state of doubt and anxiety created in the mind of an elderly person who, already taxed by diminishing physical and mental capabilities, finds himself faced with conflicting desires for independence on the one hand and for help and support on the other, can barely be imagined. Admission to a Home for the Aged seems necessarily to create a state of conflict, for new residents must balance their gratitude for assistance and accommodation against the surrender of their own homes and possibly against feelings of an implied rejection by the members of their family or by the community at large. The early days after admission are likely to be difficult, since the new resident can be expected to experience some depression created by the recognition of his total dependence upon others, a situation which may well be exacerbated to some extent by the community existence within a Home, which, by its very nature, may tend to suppress the expression of personal conflicts.

Some residents will, of course, soon adjust actively to their new way of life- others (including, perhaps, those who were less happy in their previous existence) fail to achieve any sort of adjustment, often because their admission to a Home was, fundamentally, against their wishes anyway. Sometimes their unhappiness is expressed openly and vocally, but more often in less obvious fashion, taking the form, perhaps, of undue possessiveness in respect of a particular chair, or complaints about the food. Your staff are faced with the need to recognise behaviour as a means of communication and, on occasion, need to face direct anger or bitterness displaced to them from the resident's family; though, similarly, they may also experience affection arising from the same causes. The unhappy resident may, ultimately, become timid, submissive, and apathetic, and may even, in extreme cases, become mentally confused, develop institutional neurosis, or become incontinent; when the frustrations caused by physical disabilities such as blindness, deafness, or loss of mobility are added to these other considerations, it becomes self-evident that the task of both the staff, outside and inside the

Home, and of the resident, is a formidable one. Only by close personal communication between staff and resident can free expression of doubts and difficulties be achieved, and, in this context, it is perhaps worth reflecting that only in very few Homes for the Aged does there exist any safe, recognised, and absolutely protected channel for the resident's complaints or suggestions, however frivolous these may on occasion prove to be. As Peter Townsend has said, possibly the ultimate test of a free, democratic and prosperous society is to be found in the standards of freedom, democracy, and prosperity enjoyed by its weakest members.

However, caring for the elderly can have its lighter moments and, in this context, I would recall on occasion when, in the late evening, a gentleman residing in one of your Homes approached the duty staff in a state of great agitation because, he said, of a stranger who was at that moment sitting in the lounge watching television and who had, worse still, expressed the firm intention of annexing the complainant's bed for the night. In some doubt, the staff went to the lounge, where they found that there was, indeed, a stranger present, who, when questioned, was found to have every intention of staying the night; not for some little time was it realised that the gentleman concerned was, in fact, a resident at the Home next door who, returning in the dusk, had missed his way and finished up in the wrong establishment.

Certain of your residents, of course, make application for admission to a Home in the sure, if sometimes reluctant, knowledge that this course would be the most appropriate for them, and I would recall the circumstances of a lady of 79 summers, who lived in two rooms in Ferndale. With mobility severely limited by arthritis, she had outlived many of her contemporaries and, since the death of her husband some years previously, had endeavoured to remain independent and self-supporting, living off a tiny capital which was slowly whittled away to nothing. Although she was able to attend to all her immediate personal needs, she eventually found herself unable to shop and, despite the Home Help and Meals on Wheels services which she received, she came to feel that she could no longer look after herself properly and was ultimately admitted to a Home where she was able to settle down well.

Less happily, of course, situations can arise which cause considerable distress, like that of the lady aged 89, and now deceased, who had lived with her sister in New Tredegar for some forty years. Eventually the sister, who was herself advanced in years, was admitted to a Home in Monmouthshire, whilst the lady with whom we are concerned was brought to Ynyshtir by her son, aged 70, to live with him and his wife, who was also 70 years of age. Also living in the house was their son, just over 40 years of age and a long-term sufferer from nervous troubles, for which he attended hospital frequently over the years. Events progressed more or less smoothly for a time; then, unfortunately, the daughter-in-law suffered a stroke which left her partially paralysed and bed-ridden. Thus the son, at 70 years of age, found himself faced with the need to care for his paralysed wife, his invalid son, and his mother, who was by now in her ninety-first year. Not surprisingly, the task proved to be too much for him, and his mother was eventually admitted to one of your Homes, where she spent the rest of her days. Similarly I would recall the circumstances of one quiet gentleman who, having lived in lodgings in various parts of Rhondda for many years, suddenly found, at 74 years of age, that his present landlord was unable

to accommodate him any longer. Accordingly he left these lodgings, and went to a house in Treorchy; shortly after this his landlady, who was 76, was taken ill, and was no longer able to cook or care for him. The only relative available was a niece, whose own household already consisted of seven people, one of whom was a mother-in-law 90 years old; clearly no accommodation could be available for him at that address, so the gentleman entered into an unsatisfactory arrangement of sleeping at one address, eating at another and passing the intervening time as best he could. Eventually he was admitted to a Home in Rhondda Borough, and remains there to the present time.

Residential Accommodation; Statistics.

The foregoing will have served to indicate something of the nature of the provision of Residential Accommodation, and I now set out hereunder tables indicating the scope and extent of such Accommodation in Rhondda Borough at present, together with details of residents in Accommodation provided by the Borough Council on the night of 31st December, 1965.

TABLE 65

DISTRIBUTION OF ACCOMMODATION AVAILABLE IN
RHONDDA BOROUGH.

Name of Home	Accommodation			Floor	Distribution of Accommodation						Totals For Each Floor
					In Single Rooms		In Double Rooms		In Rooms For Three or more Residents		
	M	F	Total		M	F	M	F	M	F	
Clydach Court	25	35	60	Ground	-	5	-	10	-	-	15
				First	13	6	-	10	12	4	45
Fair- field	15	18	33	Ground	-	9	-	-	-	-	9
				First	11	3	4	6	-	-	24

In the following table, "Not Materially Handicapped" means without specific handicap other than the infirmity of age. The intention is to regard as "Elderly" those residents who are over 65 years of age, and those residents who suffer from more than one handicap are classified according to their major disability only.

TABLE 66.

RESIDENTS IN ACCOMMODATION, 31st December 1965.

			Fairfield	Clydach Court	Voluntary Homes	Totals
Not Materially Handicapp- ed.	Elderly	M	7	20	2	29
		F	6	17	-	23
	Others	M	-	-	-	-
		F	-	4	-	4
Blind	Elderly	M	2	3	1	6
		F	3	2	-	5
	Others	M	-	-	-	-
		F	-	-	1	1
Deaf	Elderly	M	1	1	-	2
		F	2	-	-	2
	Others	M	-	-	-	-
		F	-	-	-	-
Epilptic	Elderly	M	-	-	1	1
		F	-	1	-	1
	Others	M	-	-	2	2
		F	-	1	1	2
Physically Handi- capped	Elderly	M	3	1	-	4
		F	2	4	-	6
	Others	M	1	-	1	2
		F	1	-	1	2
Mentally Handi- capped	Elderly	M	1	1	-	2
		F	4	1	-	5
	Others	M	-	-	-	-
		F	-	4	-	4
TOTALS			33	60	10	103

Ordinary Residence

As at the 31st December 1965, one female resident at Clydach Court was being provided with accommodation on behalf of another Authority, Cardiff City, in accordance with Section 24 of the National Assistance Act.

Even though 93 beds are now available in the Borough, it is still sometimes necessary to seek the urgent co-operation of Glamorgan County Council in placing urgent applicants for beds in homes outside the Rhondda. No other Authority elsewhere was providing accommodation on your behalf (with the exception, of course, of these reciprocal arrangements with Glamorgan County Council).

Accommodation Provided by Voluntary Organisations

Under the provisions of Section 26 of the National Assistance Act, the Borough Council accepts financial responsibility for the maintenance of a number of people in special homes run by Voluntary Organisations outside the Borough: For the most part, these people suffer from severe physical handicaps (i.e., blindness, epilepsy, spasticity, etc.) and could not reasonably be cared for in ordinary homes inside the Borough. Set out below are details of persons so accommodated at the 31st December 1965:-

	<u>Men</u>	<u>Women.</u>
Crosfield House, Bwlch, Brecon, British Legion.	2	-
Danybryn Cheshire Home, Radyr.	1	-
Royal School for Blind, Leatherhead.	-	1
The Star and Garter Home, Richmond.	1	-
Langho Colony, Blackburn.	1	-
National Society for Epileptics, Chalfont, Bucks.	1	1
Dorincourt, Leatherhead.	-	1
Glynn Vivian Home of Rest for the Blind, Swansea.	1	-
	<u>7</u>	<u>3</u>

Waiting List at the 31st December 1965

85 applicants in need of care and attention were on the waiting list for admission to residential accommodation, and a further four cases were under investigation. Of those applicants then on the waiting list, a high proportion was made up of hospital patients, fit for discharge from hospital and for admission to Homes.

Homes for the Aged: Establishment.

a) Fairfield

At the 31st December 1965 the staff of Fairfield consisted of a Resident Matron, two Resident Attendants on the Aged, one Non-Resident Attendant, three Domestic Assistants, one Domestic-Attendant and one part-time Labourer/Handyman.

b) Clydach Court

At Clydach Court the establishment consisted of a Resident Warden and Matron, one Nurse (deputising for the Matron in her absence), six full-time Attendants (including one male and one Resident female), one part-time Attendant, one Cook, one part-time Assistant Cook, six Domestics and one Gardener (full-time).

Compulsory Removal of Persons in need of Care and Attention

No action was taken under Section 47 of the National Assistance Act, 1948, during the period under review.

Charges for Accommodation

The standard charge for accommodation and amenities at your Homes is fixed annually by the County Council, and is based on the actual cost of providing the service. For the year ended the 31st March 1966, the standard charge was £9. 11s. 8d. per week. Residents in the Homes are required to pay this standard charge, for their accommodation or such lesser amount as may be determined in accordance with their means, subject to a minimum charge which is laid down by Ministerial Regulation. At the present time the minimum charge is £3. 4s. 0d. and each resident receives a minimum of 16s.0d. a week personal pocket money.

Amenities for Residents

As in previous years, the residents continue to enjoy all those amenities which make life as pleasant as possible for them. It is a practice to provide residents in each Home with an annual outing to the sea, and in addition those residents who are able to do so are conveyed annually to an appropriate seaside resort where they spend a weeks holiday.

In the Homes, sweets, tobacco and cigarettes, newspapers and periodicals are provided as are hairdressing and shaving services and so on. Television and radio are available and visits from relatives, friends and Ministers of Religion are encouraged.

All the services and benefits of the National Health Service are available to residents just as they were before they came into the Home. Each resident is free to retain the services of his or her own Doctor, although few in practice do so. Chiropody services are provided in the Homes, and the establishment of Clydach Court makes provision for a qualified Nurse, whilst the Matron of Fairfield herself holds nursing qualifications.

In addition to the amenities which are provided by the Borough Council, a number of firms and organisations continue to contribute in various ways to the comfort and well being of the residents, on a voluntary basis. From time to time entertainment and services are provided for the residents by various groups, and in every case where organisations or individuals donate their services in this way, it is my practice to write to the people concerned expressing my appreciation of their kindness on your behalf.

TEMPORARY ACCOMMODATION

Section 21 of the National Assistance Act requires Local Authorities to provide, inter alia:-

"Temporary Accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine."

It is a further requirement of the Act that a Local Authority should exercise its functions in accordance with a Scheme; Glamorgan County Council made such a Scheme on the 17th March, 1949, and that Scheme subsequently received the approval of the Minister of Health. In Rhondda, this same Scheme was later adopted by the Borough Council under the provisions of Article 7 of the First Schedule of the Scheme of Delegation of Health and Welfare Functions.

The Borough Council therefore has a responsibility to provide Temporary Accommodation for people rendered homeless by some sudden "unforeseeable" emergency - such as fire, flood, or similar occurrence. In addition, the Ministry of Health Circular which accompanied the 1948 Act led to a Joint Memorandum issued by the Association of County Councils and the Association of Municipal Corporations in 1950, which was subsequently adopted, leading to the acceptance by the Borough Council of responsibility for the provision of Temporary Accommodation for those rendered homeless in circumstances which could, in some instances, have been foreseen, such as eviction for non-payment of rent, etc.

It is in this connection that, in general terms, the Welfare Services Section encounters the greatest difficulties and meets with the least concrete success. Sympathy from the community is far less likely to be forthcoming when homelessness is caused by eviction for non-payment of rent or for "anti-social" behaviour, and it is all too easy to feel that such families could have avoided their difficulties by paying the rent or by behaving in a more responsible fashion; it may, indeed, be tempting to take the view that whatever happens to them is "no more than they deserve". However, it is as well to bear in mind the probability that, in such cases, homelessness - or even potential homelessness - is often no more than the point of final breakdown resulting from a situation in which pressures and problems have become so great as to be intolerable, and under which the family can no longer continue to function in the normal fashion. The problems and pressures may be material and external, or they may be internal, psychological, and emotional; they may, indeed, be a combination of many things. A family in which one or both of the partners is mentally ill or well below average intelligence may find it extremely difficult to achieve standards acceptable to others living in the same street; alternatively, where the family income only just stretches over the necessities or, more seriously, just fails to stretch far enough, the woman worn-out with ill-health, child-bearing, and financial worry may be up against troubles which would daunt even someone with more advantages.

Homelessness is, therefore, often only the final humiliating symptom rather than the cause of deeper problems, and it follows from this that a service geared only towards the provision of Temporary Accommodation cannot be worthwhile, or even economically sound, if it does nothing to tackle the basic difficulty. It is demonstrably a waste of resources to give part of a family temporary shelter and then, when an opportunity arises, to transfer them back to the community without support, where there is every chance of the same thing happening again. Prevention is better than cure - and there can be no doubt that, where families are broken, for whatever reason, immeasurable damage can be done, not only to the individual children, but to the family unit as a whole.

(a) Fire and Flood Scheme.

In association with the Welfare Services Department of Glamorgan County Council, the Welfare Services Section has formulated a Fire and Flood Scheme under the provisions of which people can be provided with temporary accommodation in communal premises throughout the Borough which are earmarked for the purpose; the Section also has emergency feeding stocks available, and supplies of beds and bedding, etc., on call. For emergencies of greater duration, arrangements can be made for feeding on a more permanent basis; however, in those situations where more than 200 people are involved in any one incident, the emergency is regarded as being of National level, and is dealt with accordingly.

As an example of the work which can be undertaken by the Section in this connection, I would recall the serious flooding incidents affecting Rhondda in December, 1965, when some hundreds of people were affected to some extent by flooding and when, at one period, no less than forty-five people were temporarily homeless and dependant upon the Borough Council for shelter and food. Throughout the emergency, the Welfare Services Section worked in close liaison with the Civil Defence Corps.

1) Culvert flooding at Gelli, Ton Pentre, Pentre, and Treorchy.
(Bronllwyn School Flood Relief Centre)

Early on the morning of Saturday, 18th December, 1965, residents of certain streets in Gelli were alerted by the Police following the culvert flooding into their homes and the threat of more serious river flooding to come. By midday it was necessary to evacuate a number of families, with the real possibility that many more families would have to be accommodated later on and, though many residents were able to make their own arrangements, a Flood Relief Centre was opened at Bronllwyn School, Gelli, for those who could not. A Social Welfare Officer from the Welfare Services Section was in charge of the Centre, supported by teams from the Civil Defence Corps and the W.V.S. Necessary supplies were initially issued from the Section's reserve stocks, and bedding and mattresses were requisitioned from the County Supplies Department; portable heating equipment was installed by the Gas Board in the school, and the telephone equipment received priority treatment from the G.P.O. In all, twenty people, including one young baby, slept overnight in the school; some thirty people used the Centre during the day but slept elsewhere. Meals were provided at the school by the Schools Meals Service.

During the afternoon, a flood situation arose in Ton Pentre, and one or two people from that area took shelter and refreshments in the Centre, though none were accommodated overnight.

In the late afternoon a more serious flood situation arose in Treorchy, and it was necessary to provide accommodation for the residents of two badly affected houses. In both cases the occupants were elderly widows living alone, and both were found to be in a state of mild shock; in consequence, both were admitted to short-term care beds at Clydach Court Home for the Aged by the Deputy Medical Officer of Health, whilst their furniture and effects were conveyed to Pentre House for storage and safe-keeping. It was not found necessary to accommodate anyone from this area at the Centre, but tea, etc., was prepared there and subsequently conveyed to Treorchy and distributed by the Civil Defence Heavy Rescue Team.

In the early hours of the morning of the 19th December, a further flood situation arose in Pentre; between thirty and forty houses were marginally affected and, although it was not necessary for any residents to be accommodated, tea, etc., was prepared at Bronllwyn Centre and subsequently conveyed to Pentre and distributed by the Civil Defence Heavy Rescue Team.

Later the same morning the residents at the Relief Centre were provided with breakfast by the School Meals Service before returning to their homes, and the Centre was finally closed down at approximately 12.00 noon.

2) River flooding at Rheola Terrace, Porth.

(Llwyncelyn School Flood Relief Centre)

Residents from this area were evacuated from their homes by the Police early on the morning of Saturday, 18th December, 1965, following river flooding into their homes, except for one elderly couple, who refused to leave their house. The remainder of the residents were transferred temporarily to Mary Street School, until such time as a Rhondda Transport bus was requisitioned to convey them to Nazareth Centre for the Aged, Williamstown, where they were provided with breakfast and where they remained for the greater part of the day. Meanwhile, the elderly couple had now agreed to leave their house, but by this time the premises were inaccessible due to the depth of water. The Fire Service was called to rescue the couple but, before they arrived, passing workmen had been able to get them out, and they were conveyed to Clydach Court Home for the Aged, where they remained until later in the day, when they were collected by a relative who took them to her own home.

At about 4.00 p.m. the larger party was conveyed from Nazareth House, by the Health and Welfare Services mini-bus, to Llwyncelyn School, where a Flood Relief Centre had been opened; the Centre was in the charge of a Social Welfare Officer from the Welfare Services Section, supported by a team of W.V.S. workers. Necessary supplies were initially issued from the Section's reserve stocks, and bedding and mattresses were requisitioned from the County Supplies Department; fifteen people, including children, slept overnight at the school.

On the following morning the families were provided with breakfast by the School Meals Service, and with a midday meal from the same source; in the afternoon they returned to their homes to begin to clear up, returning to the school in the evening for an evening meal, which was supplied by the Meals on Wheels Service of the Borough Council. They remained overnight at the School, and on the following morning were conveyed to Nazareth Centre for breakfast; they then returned to their homes, which had been pumped out by the Fire Service on the previous day. Driers were provided by the Gas Board.

On the morning of the 20th, the Centre was closed down, though at midday on that day the families were again conveyed to Nazareth for a meal; they finally returned to their homes on the afternoon of the 20th, and hot soup and bread were taken to their houses by staff of the Welfare Services Section that evening. Happily, all the families concerned have been re-housed since these unfortunate incidents.

3) River Flooding at Trehafod.
(Trehafod Flood Relief Centre)

On the morning of Saturday, 18th December, 1965, nine residents of Trehafod, whose homes had been flooded during the night following a pump failure, took shelter in Trehafod O.A.P. Hall, and later returned to their homes when the pump began to function again; since the district affected fell within the administrative area of Glamorgan County Council, the County Welfare Services Department was advised of the situation.

In the afternoon a further report was received, and the families proved to be homeless for a second time; in view of the proximity of the Flood Relief Centre already established at Llwynycelyn School, it was agreed with the County Area Clerk, on the authority of the Town Clerk, that facilities for the people affected would initially be provided under the Borough Council Scheme. An effective informal Relief Centre was set up in the O.A.P. Hall, in the charge of the Police Force, and an allocation of bedding and mattresses was made to the Centre from the supply requisitioned from the County Supplies Department for the Borough Council. Arrangements were made for breakfast the following morning to be supplied by the School Meals Service; no additional action was necessary, ten people were accommodated overnight, and the Centre was closed down on the following morning.

4) Landslip At Trealaw.

In the afternoon of Thursday, 23rd December, 1965, as a direct result of heavy rain and flooding the previous weekend, a number of houses in Trealaw were threatened by a landslip, and the Borough Surveyor reported that one house was unsafe for occupation and should be evacuated immediately. This house was occupied by an elderly couple, both of whom were in poor health, and who had no alternative accommodation available to them; accordingly they were admitted as a matter of urgency to short-term care beds at Clydach Court Home for the Aged, where they remained for some weeks until it proved possible for them to be permanently re-housed elsewhere.

From the foregoing report it will be recognised that the work undertaken by the Welfare Services Section in connection with large-scale emergencies of the kind described can be complicated and diverse in nature. It will further be appreciated that the demands of such a situation can spread the resources of the Section very thinly indeed, and it is appropriate in this context to pay tribute to the assistance and co-operation which the Section receives from the Civil Defence Corps and the other voluntary organisations which give their help so readily.

(b) Temporary Accommodation - Rhoose Camp.

Under the provisions of the Scheme of Delegation, and by arrangement with Glamorgan County Council, the Welfare Services Section of the Borough Council is able to offer accommodation to people rendered homeless at Rhoose Camp, which is situated near Barry. Rhoose is a hatted camp which provides accommodation for up to eighteen families at a time; the camp has a resident Warden and Matron and is visited frequently by the Health Visitor for the District and by Officers of the Childrens Department and the National Assistance Board. By County Council regulation, the wives and children only of homeless families may be admitted to the camp, whilst the husbands are required to make arrangements for themselves; the residents have their own private sleeping accommodation, but eat and live communally, and share the domestic work and cooking between themselves.

Because the provision of this accommodation was never intended to be anything other than a temporary emergency expedient, a maximum period of residence of six months has been specified. Resident families may find alternative accommodation for themselves from the camp direct, or may make application to and be re-housed by the Borough Council, in its capacity as a housing authority. In some circumstances they may be transferred to Intermediate Temporary Accommodation within the Borough (see (c) below). In the event of no alternative becoming available at the end of six months, the family is obliged to leave Rhoose Camp and the children may be taken into care by the Childrens Department; this rule, however, may be relaxed in those cases where there is a clear and realistic possibility of permanent accommodation being forthcoming in the near future.

I now set out below examples of characteristic family situations which have led to the admission of a family to Rhoose Camp during the past year;

- 1) Late one evening in June a family arrived in Rhondda by car; the family consisted of husband and wife, and four children. They had left their previous home in West Wales some days previously, and had lived during the intervening period in the car; the woman was almost completely paralysed, being confined to a wheelchair. They had experienced many difficulties over the years, culminating in a Court appearance for two of the children a few days previously; the husband had never been able to work consistently, due to the need to care for his severely disabled wife, and these factors, together with their financial problems, led them misguidedly to leave home. All their personal possessions, including the woman's wheelchair, a dog, and four kittens, were with them in the car.

In the circumstances the wife and children were admitted to Rhose Camp at about 4 a.m., while the man returned to Cardiff with the stated intention of finding accommodation for himself at the Salvation Army Hostel.

On the following day the County Council Welfare Services Department advised the Section that, due to her disabilities, the woman was unable to comply with the regulations at Rhose Camp; however, in the meantime her attention had been drawn to a press article in which a woman in Pontygwaith offered accommodation to her and her family. Accordingly, the entire family took up residence at that house; by this time, the husband had found himself regular employment.

However, some seven days later, during a Bank Holiday, following a disagreement with the landlady, the family was again rendered homeless and, in due course, the woman and children were admitted again to Rhose Camp; the County Council agreed to allow them to remain there temporarily, although the woman could not, in fact, comply with the regulations of the camp in respect of sharing the domestic work and cooking. Temporary lodgings were meanwhile found for the man, in Treorchy; on the following day, failing any suitable alternative arrangement, the woman was admitted to Glan Ely Hospital, Cardiff, and the four children were taken into care by the Childrens Department and subsequently separated. The husband eventually found himself permanent lodgings at Porth, and remained in regular employment; the woman soon became fit for discharge from hospital, but, of course, the likelihood of suitable accommodation and support being forthcoming for this family is not great.

2) One young woman, who was admitted to Rhose Camp with one of her children in December, had led a very disturbed matrimonial existence since her marriage. After marriage, the couple lived for a time with the husband's parents at Dinas, and were subsequently rehoused by the Borough Council at Rhiwgarn; They had been separated and re-united a reputed twenty-one times in four years of marriage, and the husband is a known cider drinker and has a history of violence. At one stage they lived in a sub-standard Council owned house, and lived together there for some weeks until the wife left her husband and went to the home of her sister, in the Midlands, leaving the children with her husband. The youngest child was at that time six weeks old, and the husband was subsequently obliged to leave the children when he was detained by the Police for breaking and entering. Since he was at that time already on Probation for a similar offence, he was later imprisoned, and the children were subsequently brought before the Court by the N.S.P.C.C. - the two younger ones were committed into care, and the oldest boy was cared for voluntarily by his paternal grand-mother. The wife was still living in the Midlands at this time, and the tenancy of the sub-standard house was eventually terminated; after the husband's discharge from prison, the couple returned to live with the parents-in-law, but shortly afterwards the wife left again and returned to her sister. On this occasion the sister refused to provide accommodation, and she was admitted, with her child, to Temporary Accommodation by the County Council in whose area she was at that time. She was subsequently issued with a travel warrant, and returned to Rhondda, this time to the home of her own parents, and this erratic pattern had characterised the existence of the family ever since.

Up until about ten days before her admission to Rhoose Camp she had been living with her husband, but then left him and returned to her parents; she then left her parents and returned to her husband, but quarrelled with him and left yet again, taking the oldest child with her and spending one night with her grandparents, since her own parents refused to accommodate her. Attempts were made to arrive at some sort of reconciliation between the couple, but, although the husband eventually agreed to accommodate his wife again, she steadfastly refused to consider this, and was ultimately admitted to the Camp. In due course the husband was again committed to prison for further offences, and the wife absconded from Rhoose Camp for an unknown destination; at the time of preparation of this report, the couple are living in Rhondda again, although it is clearly not possible to suggest how long this situation will last.

(c) Temporary Intermediate Accommodation.

A Joint Circular issued by the Ministry of Housing and Local Government and the Ministry of Health in March, 1959, indicated that, wherever possible, homeless families should be accommodated in Intermediate Accommodation, a process which, it was hoped, would reduce the need to admit families to Temporary Accommodation except as a last resort. At the present time six low standard houses in Rhondda Borough have been earmarked for this use; when the premises are not in use, their rental is met by Glamorgan County Council. The division of duties between the Welfare Services Section and the Housing Department in respect of admissions to Intermediate Accommodation is such that the Welfare Services Section staff assess the eligibility of a homeless family for admission to such accommodation, and such an assessment is then communicated to the Housing Department, whose responsibility is to allocate a house to the family in question if such a house is available. Up to the present time allocations have fallen into two categories, viz, those families who have been admitted direct to Intermediate Accommodation when rendered homeless in the community, and those families who have been rendered homeless, have been admitted to Rhoose Camp, and have subsequently been transferred back to Intermediate Accommodation within the Borough as part of an attempted rehabilitative procedure. It is, of course, reasonable to suggest that to some extent the success of this Scheme will depend upon the degree of supervision and support which it is possible to give to families occupying such accommodation, and upon the need permanently to rehouse the families, as a further step in the rehabilitation process, in those instances where such a course appears to be desirable.

I now set out below further examples of typical situations which have led to the admission of families to Temporary Intermediate Accommodation;

1) One young woman, mother of four children, was deserted by her husband early in 1965; the husband returned to live with his parents following a long history of matrimonial disagreement and violence. He had been purchasing the house in which the family lived with a mortgage but, when he left his wife, he ceased to make any payments in respect of the mortgage and made only sporadic payments of maintenance allowance to his wife and children. In consequence the wife found herself from time to time in serious financial difficulty. She was afforded an opportunity of taking over the mortgage,

which she declined, since she was unable to meet the financial commitment involved; eventually a County Court Order was made for possession of the house, and the woman and children were rendered homeless, being subsequently admitted to Temporary Intermediate Accommodation.

2) One family, which now consists of husband and wife and ten children, was originally admitted to Rhoose Camp from Rhondda in 1963, when the landlord of the house in which they were then living commenced demolition of the house whilst they were still resident there. The question of rehousing the family was considered by the Borough Council Housing Committee in October 1963, and the Committee were unable to grant exceptional consideration to the application at that time; in consequence, when the family had completed a maximum period of residence at Rhoose Camp, some of the children were taken into care and the remainder of the family found accommodation in a caravan at Llanmaes. They then placed their names on the housing list of Cowbridge R.D.C., but investigations concerned with this application revealed that the caravan was unfit for habitation. The family was therefore granted an extension at Rhoose Camp, and were re-admitted there; a further application for housing in Rhondda was submitted. In order that a final split-up of this family, which seemed inevitable when the second maximum period of residence was completed, should be avoided, the Childrens Department requested that the Borough Council reconsider their previous decision, and the family was eventually admitted to Temporary Intermediate Accommodation in the Borough, where they are supervised by a Senior Family Caseworker of the Childrens Department.

(d) Temporary Accommodation - Statistics.

The foregoing examples will have served to indicate the diversity of the family problems which are apparent as causes or contributory factors in situations of homelessness, and I now append hereto statistics in respect of the year 1st April, 1965 to the 31st March, 1966. You will observe that the total number of applications received is roughly double that for the preceding year; it should also be borne in mind that, disturbing as these figures are, they represent only a part of the whole picture. Left out of the statistics are the husbands of homeless women who (with their children) have been provided with accommodation, the children taken into care, homeless couples without children, or whose children are over seventeen but not yet adult, single persons those families who do not approach the Welfare Services Section for help, and so on,

TEMPORARY ACCOMMODATIONDETAILS OF APPLICATIONS RECEIVED DURING YEAR ENDED 31ST MARCH, 1966.

TABLE 67.

Manner in which applications were resolved.		Total no. of applications received during year	Classification of Difficulties Causing Application																Total no. of applications received during previous year 1964-65												
			Local Authority Houses								Privately Owned Properties.																				
			Eviction for mortgage or rent arrears.	Eviction from unauthorised or temporary sub-tenancy	Eviction for unsatisfactory behaviour or insanitary conditions	"Tied" accommodation	Family or matrimonial disputes	Totals	Eviction for unsatisfactory behaviour.	Eviction for mortgage or rent arrears	Insanitary conditions or overcrowding.	Family or matrimonial disputes	Eviction from "tied" accommodation.	Eviction from unauthorised sub-tenancy	Homes destroyed or damaged by fire, flood etc.	Insecurity of Tenure (furnished rooms etc.)	Totals														
Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch	Wm	Ch										
Rehoused by Local Authority.	5	12	-	-	-	-	-	-	-	-	0	0	-	-	-	-	-	-	1	2	-	-	-	4	10	-	3	13			
Sheltered by Relatives or Friends	11	16	-	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	4	8	1	2	-	2	-	3	5	10	15	1	2
Obtained Alternative accommodation.	3	2	-	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	1	1	-	-	-	1	-	-	2	1	3	11	
Difficulties Resolved	3	10	1	8	-	-	-	-	-	-	1	8	-	-	1	1	-	-	1	1	-	-	-	-	-	-	2	2	6	10	
Children taken into care & mother accommodated elsewhere.	2	5	-	-	-	-	-	-	-	-	0	0	-	-	1	4	-	-	1	1	-	-	-	-	-	-	2	5	-	-	

TEMPORARY ACCOMMODATION

(2) DETAILS OF APPLICATIONS RECEIVED DURING YEAR ENDED 31ST MARCH, 1966.

TABLE 67 (Cont'd)

[illegible]

- a) A further 8 families, not having children under the age of 18, were rehoused subsequent to the flooding incidents in December, 1965.
- b) A further 21 miscellaneous accommodation queries, not resolved under any of the headings shown above, were dealt with during the year.

DISCHARGES FROM TEMPORARY ACCOMMODATION - YEAR ENDED
31ST MARCH, 1966.

TABLE 68

Reasons for Discharge.	PERIOD SPENT IN TEMPORARY ACCOMMODATION										Totals 1965/1966	
	One week or less		One week to one month		One week to three months		Three months to six months		Over six months			
	M	Ch	M	Ch	M	Ch	M	Ch	M	Ch	M	Ch
Rehoused by Local Authority.	-	-	-	-	-	-	-	-	1	5	1	5
Obtained Private Accommodation	1	1	-	-	1	1	-	-	-	-	2	2
Obtained Accommodation with friends or relatives.	3	10	-	-	1	1	-	-	-	-	4	11
Mother left Temporary Accommodation and abandoned children at Camp.	-	-	-	-	-	-	-	-	-	-	-	-
Expiry of maximum period of residence (children taken into care).	-	-	-	-	-	-	-	-	-	-	-	-
Mother admitted to Hospital, Children taken into care.	1	4	-	-	-	-	-	-	-	-	1	4
TOTALS 1965/1966	5	15	0	0	2	2	0	0	1	5	8	22

RHONDDA BOROUGH - CASELOADS OF SOCIAL WELFARE OFFICERS AS AT 31st MARCH, 1966.

TABLE 69.

District No.	Field Officer	Case Load			Details of District	Responsible for:
		Blind & P.S.	Gen. Hand.	Total		
1	Mrs. J. M. Gillard (Car)	66	114	180	Blaenrhondda, Blaencwm, Treherbert, Treorchy to Cardiff Arms.	Ynyswen Centre for the Generally Handicapped.
2	Mr. E. M. Jones (Certificated Home Teacher)	71	80	151	Treorchy from Cardiff Arms, Cwmparc, Pentre.	Ynyswen Blind Centre and Porth Blind Centre.
3	Mrs. G. Williams	61	106	167	Ton Pentre, Gelli, Ystrad.	Maes-yr-Haf Centre for the Generally Handicapped
4	Mr. D. Timmons (Trainee S.W.O.)	66	95	161	Llwynypia, Trealaw.	-
5	Mr. A. Wright (Trainee Home Teacher)	60	117	177	Tonypandy, Clydach Vale, Part Penygraig.	-
6	Mr. T. T. John (Car)	91	99	190	Dinas, Porth, Cymmer, Trehafod, Trebanog, Williamstown, Edmunds-town, Penrhifwfer.	Porth Centre for the Generally Handicapped.
7	Mr. R. Morgan.	58	131	189	Tylorstown, Pontygwaith, Stanleytown, Wattstown, Ynyshir, Mount Pleasant.	Maerdy Centre for the Generally Handicapped.
8	Mr. I. Jones (Trainee S.W.O.)	57	142	199	Maerdy, Ferndale, Blaenllechau.	-
9	VACANCY	-	-	-	Vice Mrs. E. Evans (Acting Senior S, W.O)	-
10	VACANCY	-	-	-	Vice Mr. R. Searle (Full-Time Training)	-
11	VACANCY	-	-	-	(Established Unfilled Vacancy)	-
TOTALS		530	884	1414		

RHONDDA BOROUGH - CASELOAD OF SOCIAL WELFARE OFFICER TO THE DEAF,
31st MARCH, 1966.

TABLE 70

Social Welfare Officer	Hard of Hearing	Deaf with Speech	Deaf without Speech	Total	District	Responsible for:
Mr. P. Dalladay (car)	14	7	33	54	Rhondda Borough	Treorchy Deaf Centre.

RHONDDA BOROUGH - SOCIAL CENTRE FOR THE DEAF AND HARD OF HEARING.

TABLE 71

DISTRICT	CENTRE	VENUE	TIME	SOCIAL WELFARE OFFICER	AVERAGE WEEKLY ATTENDANCE.
Rhondda Borough	Treorchy	Park & Dare Institute.	Monday 6.00-9.15 p.m.	Mr. P. Dalladay	1964/65
					15
					18

RHONDDA BOROUGH - SOCIAL/HANDICRAFT CENTRES FOR THE HANDICAPPED.

TABLE 72

DISTRICT	CENTRE	VENUE	TIME	SOCIAL WELFARE OFFICER.	AVERAGE WEEKLY ATTENDANCE.	
					1964/65	1965/66
RHONDDA BOROUGH	Trealaw	Maes-yr-Haf Education.	Wednesday 2.00 p.m.	Mrs. G. Williams.	24	31
	Porth	Y.M.C.A., Porth	Wednesday 2.00 p.m.	Mr. T. T. John.	23	33
	Maerdy	Workmen's Hall and Institute.	Thursday 2.00 p.m.	Mr. R. Morgan.	36	38
	Treorchy.	Ynyswen Social Welfare Hall	Tuesday, 2.00 p.m.	Mrs. J. M. Gillard	33	30
	Porth Dancing Class (integrated with Blind)	Porth & District Old People's Social Centre	Tuesday, 7.00 p.m.	Social Welfare Officers in turn.	25	25

RHONDDA BOROUGH - CENTRES FOR THE BLIND AND PARTIALLY SIGHTED.

TABLE 73

CENTRE	VENUE	TIME	SOCIAL WELFARE OFFICER	ACTIVITIES	AVERAGE ATTENDANCE OF BLIND PERSONS AND GUIDES	
					1964/65	1965/66
PORTH	Porth and District Old People's Social Centre	Tuesday, 2.00 p.m.	Mr. E. Jones (Certificated Home Teacher)	Social.	36	35
PORTH	" "	Tuesday, 7.00 p.m.	Social Welfare Officers in turn.	Dancing Class (integrated with handicapped)	25	25
PORTH	" "	Friday, 2.00 p.m.	Mr. E. Jones	Handicraft Class (integrated with handicapped.)	27	31
TREORCHY.	Ynyswen Social Welfare Hall.	Wednesday, 2.00 p.m.	Mr. E. Jones	Social.	34	35

RHONDDA BOROUGH - MISCELLANEOUS.

TABLE 74

1. Total number of visits (all classes) made by Social Welfare Officers, 1.4.65 - 31.3.66:- 5689
2. Costs of travelling expenses to Social Centres, etc. 1.4.65 - 31.3.66:-
 - (a) Handicapped persons and necessary escorts:- £354. 2. 3d.
 - (b) Blind and Partially Sighted persons and guides:- £341. 3. 10d.
3. Sales of pastime handicraft materials:-

Disability Category	No. of Free Issues made.	No. of Cash Orders received.	Total Cash Receipts from sales.
Blind & partially sighted.	10	266	£225. 13. 0d.
Generally Handicapped.	19	440	£473. 16. 3d.
TOTALS	29	706	£699. 9. 3d.

4. Summer Outings:-

<u>Blind:</u>	Catering	...	...	...	...	£160. 1. 0d.
	Transport	...	...	...	...	£ 54. 0. 0d.
<u>Handicapped & Deaf:</u>	Catering	...	...	...	...	£ 99. 1. 0d.
	Transport	...	...	...	...	£ 41. 0. 0d.
5. Christmas Parties:-

<u>Blind:</u>	...	...	...	...	£217. 2. 0d.
<u>Deaf:</u>	...	...	...	...	£ 21. 10. 6d.
<u>Handicapped:</u>	...	...	...	...	£111. 0. 0d.

TABLE 75.

DISTRIBUTION OF REGISTERED HANDICAPPED PERSONS BY AGE AND SEX.
31st MARCH, 1966.

Disability	Sex	0 - 15	16 - 20	21 - 40	41 - 50	51 - 64	65 & over	Total at 31st March, 1966	
Deaf with Speech	M	-	-	1	-	2	-	3	7
	F	-	-	2	1	-	1	4	
Deaf without Speech	M	1	3	7	1	2	3	17	33
	F	-	1	7	3	2	3	16	
Hard of Hearing	M	-	-	-	-	1	3	4	14
	F	-	-	-	-	5	5	10	
Generally Handicapped	M	7	11	68	51	187	175	499	884
	F	2	7	62	59	132	123	385	
TOTALS		10	22	147	115	331	313	938	938

TABLE 76.

REGISTER OF GENERALLY HANDICAPPED PERSONS.

DISABILITY	Rhondda 31st March 1966	Total at 31st Mar. 1965	Total at 31st Mar. 1964	Total at 31st Mar. 1963.
Amputations.	48	50	47	45
Arthritis and Rheumatism.	131	113	120	108
Congenital Malformation and Deformation.	35	22	20	30
Diseases of the Digestive and Genito/Urinary Systems, Heart Circulatory or Respir- atory, and of the Skin.	270	366	384	393
Injuries of the Head, Face and Thorax, Abdomen, Pelvis or Trunk. Injuries or Diseases of Upper and Lower Limbs and Spine.	71	110	98	94
Organic Nervous Disease: Epilepsy, Disseminated Sclerosis, Polio, Sciatica, Hemiplegia, etc.	229	220	172	173
Neurosis, Psychoses, and other Nervous and Mental Disorders not included above.	42	106	125	114
T. B. (Respiratory)	18	35	27	32
T. B. (Non-Respiratory)	17	8	15	10
Diseases and Injuries not specified above.	23	49	55	42
TOTALS	884	1079	1063	1041

DISABILITY.	Total at 31st March, 1966	Total at 31st March, 1965.
GENERAL CLASSES:		
1. Amputation - one arm	7	10
2. Amputation - two arms	1	1
3. Amputation - one leg	24	23
4. Amputation - two legs	6	8
5. Amputation - others	10	8
6. Rheumatism	131	113
7. Congenital Malformation	35	22
8. Diseases of the Digestive System	16	25
9. Diseases of the Genito/Urinary system.	1	9
10. Diseases of the Heart	73	72
11. Pneumoconiosis	130	193
12. Bronchitis	48	63
13. Diseases of the Skin	2	4
18. Injuries of Head and Trunk	8	18
19. Injuries of Lower Limbs	35	44
20. Injuries of Shoulder or Arm	8	12
21. Injuries of Spine	20	36
22. Neurosis	8	45
23. Epilepsy	42	45
24. Other Nervous Diseases	192	177
25. Mental Deficiency	18	42
26. Other Mental Disorders	11	77
27. T. B. (Pulmonary)	18	35
28. T. B. (Surgical)	17	8
29. Diseases and Injuries not specified above.	23	49
TOTAL:	884	1079
Deaf with Speech	7	6
Deaf without Speech	33	33
Hard of Hearing	14	19
TOTAL	938	1137

RHONDDA BOROUGH - REGISTER OF BLIND PERSONS AS AT 31st MARCH, 1966
(CLASSIFIED BY AGE GROUP AND SEX)

TABLE 78

Age	0 - 4	5 - 10	11 - 15	16 - 20	21 - 29	30 - 39	40 - 49	50 - 59	60 - 64	65 - 69	70 - 79	80 - 84	85 - 89	90+	Totals
Male	-	2	4	1	2	7	8	19	16	16	32	16	10	5	138
Female	-	-	1	2	2	2	9	24	14	24	72	38	34	9	231
Total	-	2	5	3	4	9	17	43	30	40	104	54	44	14	369

RHONDDA BOROUGH - BLIND PERSONS REGISTERED AS NEW CASES DURING THE YEAR ENDED
31st MARCH, 1965. (EXCLUDES RE-CERTIFICATIONS AND TRANSFERS FROM OTHER AREAS.

TABLE 79

Age	0-29	30-39	40-64	65-69	70-79	80-84	85-89	90+	Totals.
Male	-	-	-	1	6	-	2	1	10
Female	-	-	4	3	7	6	7	2	29
Total	-	-	4	4	13	6	9	3	39

RHONDDA BOROUGH - TRAINING AND EMPLOYMENT OF BLIND PERSONS (I) AGE PERIOD
16 AND UPWARDS.

TABLE 80

Age		At School	EMPLOYED											Undergoing Training.		
			In Workshops for the Blind						As Approved Home Workers.	Otherwise					Total in Employment (All Ages)	
			16-20	21-39	40-49	50-59	60-64	65 & Over		16-20	21-39	40-49	50-59			60-64	65 & Over
Male	-	-	3	3	13	4	1	-	1	2	1	-	1	-	29	-
Female	-	-	-	1	4	-	-	-	-	-	-	1	-	-	6	-
Total	-	-	3	4	17	4	1	-	1	2	1	1	1	-	35	-

RHONDDA BOROUGH - TRAINING AND EMPLOYMENT OF BLIND PERSONS (II) AGE PERIOD
16 AND UPWARDS.

TABLE 81

NOT EMPLOYED.											
Unemployed but Capable of and Available for Work						Not Available for Work		Not Capable of Work		Not Working.	
Already Trained.		Subject to being Trained		Without Training.							
	Sheltered	Open	Sheltered	Open	Sheltered	Open	16-59	60-64	16-59	60-64	65 and Over.
Male	-	-	-	1	-	3	4	-	6	9	78
Female	-	-	-	-	-	-	27	11	6	3	177
Total	-	-	-	1	-	3	31	11	12	12	255

Total Number of Blind Persons Registered under the Disabled Persons (Employment) Act of 1944: Male ... 9
Female ... 5
Total ... 14

RHONDDA BOROUGH - OCCUPATION OF EMPLOYED BLIND PERSONS.

TABLE 82

	GROUP I		GROUP II		GROUP III	GROUP IV	GROUP V							GROUP VI	Totals
	Professional, Technical, Administrative, etc.		Clerical and Related Workers		Sales Workers	Agriculture and Horticulture.	Craftsmen, Production, Process Workers and Labourers.							Service & Misc. Employees	
	Social Welfare and Related Workers	Other Employment	Typists, Shorthand/ Typists, and Secretaries.	Telephone Operators	Other Employment	All Classes	All Classes	Machine Tool Operators	Warehousemen, Storekeepers and Asst.	Knitters, Weavers, Netting Makers.	Basket-Makers	Mat-Makers	Brush-Makers	Other Employment	
Blind Workshops	-	-	-	-	-	-	-	-	-	5	9	9	6	-	-
Open	1	-	1	1	-	-	2	2	1	-	-	-	-	-	-
Totals	1	Nil	1	1	Nil	Nil	2	1	5	9	9	6	Nil	Nil	35

RHONDDA BOROUGH - BLIND CHILDREN, AGE UNDER 16.

TABLE 83.

Age 5 - 15 Plus										Totals
Under 2	2-4 Plus	Suitable for Education at School						Unsuitable for Education at School		
		Attending Special Schools for the Blind	Attending Other Schools	Not at School		At Home or Elsewhere				
		Blind with no other Defects	Blind with other Defects	Blind with no other Defects	Blind with other Defects	Blind with no other Defects	Blind with other Defects	Blind with Multiple Defects		
Male	-	-	3	-	2	-	-	-	1	6
Female	-	-	1	-	-	-	-	-	-	1
Totals	-	-	4	-	2	-	-	-	1	7

RHONDDA BOROUGH - BLIND PERSONS AGED 16 AND UPWARDS RESIDENT IN HOMES, HOSPITALS ETC.

TABLE 84

	Residential Accommodation provided under Section 21, Pt. III, National Assistance Act.		Chronic Wards of Hospitals, etc.	Totals
	Homes for the Blind	Other Homes (R. B. C. and G. C. C.)		
Male	1	4	-	5
Female	1	5	2	8
Totals	2	9	2	13

RHONDDA BOROUGH - REGISTER OF PARTIALLY SIGHTED PERSONS AS AT 31st MARCH, 1966.
(Classified by Age Groups and Sex)

TABLE 85

Age	0-1	2-4	5-15	16-20	21-49	50-64	65 & Over	Total
Male	-	1	2	-	13	9	34	59
Female	-	-	-	2	12	10	78	102
Total	-	1	2	2	25	19	112	161

RHONDDA BOROUGH - NUMBER OF PARTIALLY SIGHTED PERSONS NEWLY REGISTERED
(EXCLUDING RE-CERTIFICATIONS AND TRANSFERS FROM OTHER AREAS) DURING YEAR
ENDED 31st MARCH, 1966.

TABLE 86

Age	0-1	2-4	5-15	16-20	21-49	50-64	65-69	70-79	80 & Over	Total
Male	-	1	1	-	1	2	3	1	4	13
Female	-	-	-	-	1	2	2	6	5	16
Totals	-	1	1	-	2	4	5	7	9	29

TABLE 87.

RHONDDA BOROUGH COUNCIL - PARTIALLY SIGHTED REGISTER - GENERAL.

The Ministry of Health requires that this Register be kept in the following form:-

(a) Persons near and prospectively blind (aged 16 and over)	...	...	...	...	...	69
(b) Persons mainly industrially handicapped and in respect of whom there is not likely to be any deterioration of vision (aged 16 and over)	...	...	...	...	...	81
(c) Persons requiring observation only (aged 16 and over)	...	...	...	...	...	13
(d) Children aged over 5 and under 16	...	...	...	...	...	1
(e) Children aged 16 and over, still at school	...	...	...	...	...	-
Total						164

QUARTERLY REPORTS.

The popularity of the talking book method of 'reading' is increasing in the area, especially by those blind persons who have always, and are still capable of enjoying good literature.

Much time has been spent on various crafts throughout the quarter. Many of the Blind Craft Centre members have taken to Mosaicry, knitting with nylon waste and making match-box kits for Christmas. Basket-work and rug-making continue to be very popular.

From the 11th - 18th September, 28 members of the Porth Handicapped Centre spent a very happy holiday at Paignton, Devon. The party comprised male and female members, some of whom are severely disabled and confined to wheel-chairs. Members, paid their own expenses for this holiday having saved every week at Centre for the preceeding year. Every day an outing was arranged and the party left the hotel door for destinations such as Brixham, Plymouth, Dawlish and Torquay. An evening trip was also arranged combining a coach and boat trip. One male member who has been chair-borne since childhood remarked that it was the very first time he had been on a boat. Several of these persons had not spent a holiday for years and some had never stayed at a seaside hotel.

The recent blind eisteddfod held at Pontypridd revealed that many fine things are made at home. Those handicapped persons who take advantage of the instructions given usually develop a very high skill and become very keen workers. There is continually a demand for craft material both from the Department and shops where different materials can be obtained.

I accompanied Porth Centre on the special bus to the film 'My Fair Lady'. The special performance of the 'Sound of Music' was also much appreciated. Other outings include two to Porthcawl, one to Treforest and one to Craigy Nos. On several outings the special bus proved its worth.

Mr. E. (RB 193) has been supplied with a special hearing device from the Rediffusion Company. This device enabled Mr. E. to hear a radio or television set at a high volume, whilst other occupants of the room heard a programme at the normal volume.

Most deaf people of working age are in fact working. Maintaining deaf people in employment is part of the service that is expected of a Welfare Office for the Deaf, and to this end the S.W.O. keeps in close touch with local officers of the Ministry of Labour in those few cases where employment is difficult to obtain. The S.W.O. takes active steps himself wherever possible, to find employment for those deaf people who are without work. A number of deaf people are employed at local establishments of Remploy Ltd.

It has become increasingly apparent during recent months that the general public has become much more aware of the services available, under the Welfare Services Scheme for Handicapped people. This can be accounted for, to a certain extent, by the publicity given in the local press in addition to which much interest has been centred on the special coach for handicapped persons.

RHONDDA BOROUGH COUNCIL - COMMITTEE FOR EDUCATION.

THE
ANNUAL REPORT
of the
BOROUGH SCHOOL MEDICAL OFFICER
to the
RHONDDA COMMITTEE FOR EDUCATION
FOR THE YEAR 1965

To the Chairman and Members of the
RHONDDA COMMITTEE FOR EDUCATION

Mr. Chairman, Ladies and Gentlemen,

I have the privilege to submit my Annual Report of the work of the School Health Service during 1965.

Early in the year, my Deputy, Dr. J. P. Clarke, left the Department and Dr. P. M. Brown was promoted Deputy in his place. Later, the Department lost the services of Dr. B. E. Deere and Dr. S. Mahboob. I would like to pay tribute to the manner in which Dr. Clarke, Dr. Deere and Dr. Mahboob carried out their duties, this being at all times exemplary.

However, their departure resulted in a shortage of medical officers in the Department, and consequently the volume of work normally carried out in the School Health Service had to be somewhat curtailed. Fortunately, in this respect Dr. Jean Morris was appointed in December together with Dr. Jane Williams, who had previously been a sessional medical officer and has now become full-time. This means that the medical staff situation is now much improved and it is hoped that a full programme of duties will be carried out in 1966.

The School Dental Service was augmented during the year by the appointment of Mr. R. I. Sheppard as Senior Dental Officer. As a result of this, it was possible to arrange for full-time staffs of dental clinics at both Ystrad and Ferndale.

Once again, I should like to thank the Chairman and Members of the Education Committee, the Borough Education Officer's Department and Staff of the individual schools for their encouragement and support during the year. As always, the Staff of the School Health Service continued to give me their co-operation and assistance.

Yours faithfully,

R. B. MORLEY-DAVIES

Borough School Medical Officer.

Health Services Section,
Municipal Offices,
Pentre, Rhondda.

RHONDDA BOROUGH COUNCIL - COMMITTEE FOR EDUCATION.

Councillor J. H. Warren-Morgan (Chairman)

Aldermen:

A. Davies, T. R. Davies, S. Mitchell, O. B. E., J. P.,
R. D. Jayne, (Mrs.) C. M. Parfitt, J. P.,
G. L. Wales, O. B. E., J. P., E. J. Williams, I. Williams.

Councillors:

C. G. Carroll, D. J. Davies, (Mrs.) M. Davies, T. J. Davies,
Li. Davies, (Mrs.) G. Ellis, J. I. Evans, J. Gwyn, D. E. Hughes,
W. D. Hughes, I. I. Jones, B. J. Jones, S. H. L. Jones, W. D. Jones,
R. C. Lendrum, D. Lewis, R. Mathews, J. S. Morris, R. Newman,
W. G. Phillips, C. R. Powell, D. L. Thomas, F. S. Tudball,
A. Williams, C. E. Winter.

Co-opted Members:

A. V. Allday, M. B. E., T. M. Evans, B. Sc., K. S. Hopkins, M. A.,
D. E. Powell, D. M. Thomas.

County Aldermen:

E. G. James, W. Llewellyn, J. P.

County Councillors:

T. E. Hughes, (Mrs.) C. McGrath, J. P., (Mrs.) C. M. Richards,
R. J. Travess, J. P., H. Williams.

Clerk to the Committee:

W. Noel Thomas, Solicitor.

Borough Education Officer:

W. Aylwyn Jones, B. Sc., Ll. B.

Architect:

C. Gingell, A. R. I. B. A., A. R. I. C. S.

Borough School Medical Officer:

R. B. Morley-Davies,
M. B., B. Ch., B. Sc., D. P. H.

Assistant School Medical Officers:

J. P. J. Clarke, M.B., Ch.B., D.P.H. (Part Year)
P.M. Brown, M.B., B.Ch., D.P.H.
B.E. Deere, M.B., B.Ch., D.P.H. (Part Year)
S. Mahboob, M.B., B.S., K.E.M.C. (Lahore) (Part Year)
J. Walsh, M.B., B.Ch.
J. Williams, M.B., Ch.B., D.A., B.Sc. (Part Year)
J. Morris, M.B., B.Ch., D.C.H., B.Sc. (Part Year)

Sessional Medical Officer:

N. Osborn, M.B., Ch.B.

Ophthalmic Medical Practitioners:

J. G. Mason (Sessional)
A. L. Alban (Sessional)

Psychiatrist:

K. W. Aron, M.B., Ch.B., D.P.M.

Educational Psychologist:

K. P. Mascetti, B.A., B.Ed., A.B.Ps.S. (Part Year)
R. T. Birch, B.A., Dip. Psych., A.B.Ps.S. (Part Year)

Area Dental Surgeon:

T. Arfon Williams, B.D.S., L.D.S., R.C.S. (England)

Senior Dental Officer:

R. I. Sheppard, B.D.S. (Part Year)

Sessional Dental Surgeon:

J. A. Norbury, L.D.S. (Part Year)
Alun R. Owen, L.D.S., R.C.S. (England)

Dental Auxiliaries:

J. Blackman (Part Year)
J. Bowling (Part Year)

Dental Attendants:

Iris Trow
D. Edwards (Part Year)

Nursing Officer: Health Visitors and School Nurses

Miss M. B. Owen, S.R.N., R.F.N., H.V.Cert., S.C.M.

School Nurses:

M. Moore	S.R.N., H.V. Cert., S.C.M.
M. Jones	S.R.N., H.V. Cert., S.C.M.
E. B. Henshaw	S.R.N., H.V. Cert., S.C.M.
G. Williams	S.R.N., R.F.N., H.V. Cert., S.C.M.
C. A. Watkins	S.R.N., H.V. Cert., S.C.M.
M. Griffiths	S.R.N., H.V. Cert., S.C.M.
G. Hatton	S.R.N., H.V. Cert., S.C.M.
A. Jackson	S.R.N., H.V. Cert., S.C.M.
R. E. Jones	S.R.N., H.V. Cert., S.C.M. (Part 1)
C. Davies	S.R.N., R.F.N., H.V. Cert., S.C.M.
L. Nicholas	S.R.N., H.V. Cert., S.C.M.
B. Roberts	S.R.N., H.V. Cert., S.C.M.
B. Davies	S.R.N., H.V. Cert., S.C.M. (Part Year)
E. Jones	S.R.N., H.V. Cert., S.C.M.
I. Fennell	S.R.N., H.V. Cert., S.C.M.
M. A. Jones	S.R.N., H.V. Cert., S.C.M.
M. R. Savile	S.R.N., H.V. Cert., S.C.M. (Part 1)
M. Holder	S.R.N., H.V. Cert., S.C.M. (Part 1) (Part Year)
I. Davies	S.R.N., H.V. Cert., S.C.M. (Part Year)
E. Bennett	S.R.N., H.V. Cert., S.C.M. (Part Year)
A. M. Williams	S.R.N., H.V. Cert., C.M.B. (Part 1) (Part Year)

Clinic Nurses:

M. Riddick	S.R.N. (Part Year)
E. Davies	S.R.N. (Part Year)
E. Oliver	S.R.N. (Part Year)
M. Griffiths	S.R.N. (Part Year)
L. Evans	S.R.N. (Part Year)

Administrative Staff:

Glan Evans	A.C.I.S.
Islwyn Jones	

Clerical Staff:

A. Gwyn Evans	
B. Hughes (Part Year)	
Trevor Evans (Part Year)	

1. Establishment of Medical Officers

The following medical officers were available for work within the school medical service during 1965.

- (1) Dr. J. P. J. Clarke (Part Year)
- (2) Dr. P. M. Brown,
- (3) Dr. J. Morris (Part Year)
- (4) Dr. B. E. Deere (Part Year)
- (5) Dr. S. Mahboob (Part Year)
- (6) Dr. J. Walsh.
- (7) Dr. N. C. Osborn (Sessional)
- (8) Dr. J. Williams (Part Year)

The type of work carried out by session and individual doctor is shown in Table I.

TABLE I
Table showing distribution of doctor's time
by type of work carried out.

	Routine M.I.	B.C.G. Vacc.	Polio Vacc.	M & C.W.	Others School Cli- nics Spec- ials, etc.
(1) Dr. J. P. J. Clarke	-	-	13	67	129
(2) Dr. P. M. Brown	-	26	4	53	489
(3) Dr. J. Morris	7	-	3	16	18
(4) Dr. B. E. Deere	-	10	6	86	279
(5) Dr. S. Mahboob	10	-	15	45	73
(6) Dr. J. Walsh	49	-	10	307	206
(7) Dr. N. Osborn	13	-	6	150	1
(8) Dr. J. Williams	-	-	4	16	113

2. Routine Medical Inspection

(a) During 1965, this type of examination was again restricted to entrants and any pupils at Primary Schools who had not been previously examined. Table II shows the number of pupils examined by year of birth.

TABLE II

Distribution of pupils undergoing routine medical examination
by year of birth and physical condition.

Age Groups Inspected, (By years of birth)	Physical condition of pupils inspected		
	No. of Pupils Inspected	SATISFAC- TORY, No.	UNSATIS- FACTORY No.
1960 and later	292	290	2
1959	64	64	-
Total:	356	354	2

(b) The following report on the audiological service was prepared by
Dr. P. M. Brown:-

(i) Routine testing of school children for hearing defects.

The system which was begun in 1964 of testing 'new entrants' to infants' schools (together with children who for some reason had not already been tested) was continued during the early part of 1965. It was hoped that testing of all children who required it would be achieved but, owing to shortage of medical staff in the latter part of the year, the testing could not be completed. However, some 34 of the 43 infants' schools in the Borough were visited for this purpose during the year. Any child who has not been tested, but is suspected of being hard of hearing either by teacher, parent or school nurse, is being given an opportunity to attend one of the hearing assessment clinics.

As with previous screening programmes, the method used for testing was the 'picture card whisper test'. Although the children tested were nearly all in the under 5 years age group, the fact that only 26 out of 1,466 children were reluctant to cooperate illustrates the acceptability of this method of screening very young children.

TABLE III

The following table summarises the total number of children tested in the schools visited, the number of absentees, unco-operative children or those who failed the 'whisper test'.

No. of children who required test- ing in schools visited*	No. of children tested	No. of unco-op- erative children	No. of absentees	No. of failures	Percentage failures.
1968	1466	26	476	53	3.62

* New entrants plus those not tested the previous year owing to absenteeism or reluctance to co-operate.

Again this year an absentee problem was encountered. However, the testing was done during the Winter Term and bad weather coupled with minor winter ailments amongst the smaller children would account for the absenteeism. (One school was visited on a particularly cold snowy day, and only 35 children were available for testing out of a possible 87.) Absentees for 1965 will be tested during the next school year.

The percentage failure rate for this form of testing has been much the same on each of the four occasions on which the tests have been carried out, as the following table shows:-

TABLE IV

Testing Occasion	1962 Junior Schools 'Sweep'	1963 Infants' Schools 'Sweep'	1964 Infants' Schools 'new entrants', etc.	1965 Infants' Schools 'new entrants', etc.
% Failure Rate	3.56	3.68	4.03	3.62

Most of the children who 'failed' the initial test were found on subsequent testing to be sound or to have a negligible hearing loss, the others being referred for follow up at the hearing assessment clinic.

(ii) Hearing Assessment Clinics.

The regularly-held hearing assessment clinics which were introduced in March 1964 were continued. The clinics are held at five main centres - Ynyswen, Ystrad, Treallaw, Penygraig, and Ferndale; one each week on a rotating basis. If numbers warrant, then additional clinics are held at Court House and Ynyshir.

The clinics are staffed by an Assistant Medical Officer and the Teacher of the Deaf so that each child referred can be assessed from both the medical and educational aspect.

During the year a total of 109 children were seen at the clinics.

Any child who is thought to have a condition which may respond to active treatment is referred for E.N.T. specialist examination. Other children with a significant hearing loss are re-examined at periodic intervals depending on the severity of the loss. The criterion for deciding on the significance of any hearing loss is usually taken as a loss greater than 30 decibels in both ears.

However, if a child gives a history of an ear, nose or throat condition with a hearing loss less than 30 decibels bilaterally, he is re-assessed at a later date. Similarly, a child who may have normal hearing in one ear but relatively poor hearing in the other is also referred for re-assessment.

The results of assessment in 1965 were as follows:-

Satisfactory hearing	51
Referred for E.N.T. specialist opinion	22
Referred for re-assessment	33
For admission to Partially-Hearing Unit	<u>3</u>
	109

(iii) Dental Treatment - Report by Mr. T. Arfon Williams,
Area Dental Surgeon.

I am glad to report that the staffing position at the end of the year is somewhat improved, although it remains grossly inadequate. The Dental Auxiliary, Miss S. Paget, left the service to get married in the middle of March, but at the same time, a Dental Officer, Mr. J. A. Norbury, L.D.S., was engaged on a part-time basis and remained until mid-September. A new grade was introduced into the service early in the year and in September Mr. R. I. Sheppard, B.D.S., commenced duties as Senior Dental Officer and has already given sterling service in the Rhondda Fach. All the dental officer posts remained unfilled however, Two new dental auxiliaries, Miss J. H. Bowling and Miss J. Blackman, were appointed during the year and commenced duties in September on completing their training at New Cross, London. They have, with the ready consent of the Borough Education Officer and the Headteachers, continued the programme of Dental Health Education which had been in abeyance during the Summer Term. During the course of the year 13 schools have been visited and talks given with the aid of film strips and posters, to over 2,000 pupils. Mr. Alun Owen, L.D.S., continues to serve one session weekly.

During the summer months the dental clinic at Ynyswen was re-decorated and modern equipment installed. These facilities were available for use by the Medical Research Council Epidemiological Research Unit who carried out a survey of adult dental health in this Area following their pilot survey in the Ystrad Area last year. During the coming financial year provision of two new surgeries is planned at Treallaw and this should complete the programme of replacing primitive equipment which was undertaken on the appointment of your Area Dental Officer in 1963. This means that modern surgical facilities will be available if and when more staff are recruited, and may indeed help in their recruitment.

This difficulty of obtaining staff continues to stunt the extent of the service which can be rendered and the heavy and increasing caseload is a continual source of worry. The lesions of dental caries continue to progress until treated and in many cases restorative treatment cannot be undertaken soon enough. Furthermore, the number of pupils affected by this disease, and the extent of the disease in each individual mouth, add to the enormity of the problem. In January a random 10% sample survey of 15-year-old school-leavers was undertaken. It will be seen from the figures shown in Table V that less than 10% of those examined were free of the disease at that time, although all showed evidence of its past ravages. 90% had the disease currently, 36% to such an extent that single or multiple extractions were indicated in their cases. Indeed 4% were already using dentures as a result of neglected caries. A third of the pupils examined also had a mild form of gingival disease. Frank sepsis was present in 18% of the mouths examined. The consequences of this pattern of disease in early life are disastrous in the adult population.

TABLE V

Random Sample Dental Survey of 15-Year-Old Pupils, January 1965.

Total number of pupils in age group = 1,308

Total number of pupils examined in survey = 125

	County Secondary Schools		County Grammar Schools		Percentage of Total
	Number	Percent- age	Number	Perce- ntage.	
Pupils examined	74	-	51	-	-
Pupils with no current caries	5	5.4	7	14.0	9.8
Pupils with current caries	38	51.3	28	55.0	53.8
Pupils with gross current caries requiring single or multiple extraction	32	43.3	16	31.4	36.4
Pupils with no gingival disease	47	63.5	39	76.5	68.8
Pupils with mild gingival disease	28	38.0	13	25.5	32.8
Pupils with severe gingival disease	-	-	-	-	-
Pupils with good oral hygiene	37	50.0	38	74.5	60.0
Pupils with fair oral hygiene	23	31.0	7	13.8	24.0
Pupils with poor oral hygiene	15	20.2	5	9.8	16.0
Pupils wearing a dental bearing one or more teeth:-					
(i) as a result of trauma	1	1.4	-	-	0.8
(ii) as a result of neglected caries	5	6.8	-	-	4.0

TABLE V (Contd.)

	County Secondary Schools		County Grammar Schools		Percentage of Total
	Number	Percentage	Number	Percentage	
Pupils with frank sepsis present.	16	21.6	6	11.8	17.6
Pupils requiring orthodontic treatment	11	14.8	6	11.8	13.6
Previous treatment given by S.D.S.	15	20.2	4	7.8	15.2
Previous treatment given by G.D.S.	59	79.7	46	90.0	85.0

Results of the pilot survey undertaken by the M.R.C. Epidemiological Research Unit at Ystrad last year on adults in the 15 to 75 age group are not yet published but provisional figures indicate that 32 per cent of people in this community have had all their teeth extracted before their 45th birthday and that before their 55th birthday more than 80 per cent will have done so. This is surgical mutilation on a large scale indeed, but even more regrettable is the fact that it is certain to continue for many years until the shortage of dental man-power is rectified, until the lay public has been so educated that this last endemic disease and its subsequent effects are no longer regarded as the inevitable norm, and until such preventive measures as can be applied are undertaken. In this connection it is particularly disappointing that the Authority in September declined to consider adjusting the deficient fluoride content of the public water supply to a level obtained in other more fortunate areas, a measure which would begin to effect a reduction in the extent of this disease in a few years time and a measure which is strongly advocated by the World Health Organisation, the General Dental Council, The British Dental Association, The British Medical Association, The Society of Medical Officers of Health and the Royal Society of Health, and endorsed by the Ministry of Health.

Table VI is included to show the changing pattern of treatment over the years. It will be seen that more teeth are being conserved and less extracted. Nevertheless, the number of extractions is still far too high and the incidental trauma occasioned, both physical and psychological, cannot be estimated.

Table V in the Statistical Appendix contains the amount of work undertaken during the year and, although the format is slightly different, some favourable comparisons can be made with the corresponding table for last year, bearing in mind the variation in the number of staff. Provision is made in the new format for the differentiation of age groups and for a more accurate appraisal of procedures such as radiography and root treatment which were formerly covered by the bland term "other treatment". The emphasis on the conservation of the deciduous dentition is maintained. Orthodontic treatments continue with reasonable success but the prosthetic entries make sober reading and serve to underline my previous remarks.

I should like to add my gratitude to both colleagues and staff for their interest and co-operation.

TABLE VI

Pattern of Treatment of Dental Caries over the last
Decade.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Attendances for treatment	3974	3897	4355	3952	3025	1101	1212	2132	4382	516
Restorations in:										
(a) Permanent teeth	590	653	962	417	332	-	2	628	2516	234
(b) Deciduous teeth	-	-	-	-	-	-	-	303	1855	155
No. of teeth Restored:										
(a) Permanent teeth	347	328	583	202	139	-	2	537	2088	201
(b) Deciduous teeth	-	-	-	-	-	-	-	273	1651	135
No. of teeth Extracted:										
(a) Permanent teeth	1153	1215	1449	1018	913	1288	1526	738	1126	84
(b) Deciduous teeth	3098	3236	3353	2470	2362	510	478	1423	2424	153

4. Defective Vision

During 1965, 1,648 children were examined at local authority refraction clinics compared with 1,256 in the previous year and 592 prescriptions for glasses were issued.

121 children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

5. Infectious Disease.

Table VII shows numbers of notifications of various diseases amongst children during the year.

TABLE VII

Cases of Infectious Disease notified during 1965
(under 15 years)

<u>Notifiable Disease</u>	<u>Total</u>
Scarlet Fever	104
Whooping Cough	15
Acute Poliomyelitis, Paralytic	-
Acute Poliomyelitis, Non-Paralytic	-
Measles	1,226
Diphtheria	-
Dysentery	116
Meningococcal Infection	-
Ophthalmia Neonatorum	1
Acute Pneumonia, Primary	16
Acute Pneumonia, Influenzal	-
Smallpox	-
Acute Encephalitis, Post Infectious	-
Acute Encephalitis, Infective	-
Enteric or Typhoid Fevers	-
Erysipelas	-
Food Poisoning	1
Puerperal Pyrexia	1

6. Prevention of Tuberculosis

Our programme of B.C.G. vaccination was continued during the year and Table VIII summarises the work done.

TABLE VIII

Table giving details of B.C.G. Vaccination in children aged 13 years and over

School or Further Education Establishment	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		No.	%	No. Tested	No. Negative	% Negative	
Blaenclydach S. B.	67	53	79.1	45	37	82.2	36
Blaenclydach S. G.	43	34	79.1	26	23	88.5	23
Bodringallt S. M.	66	56	84.8	43	33	76.7	33
Craig-Yr-Eos S. B.	52	49	94.2	39	36	92.3	36
Craig-Yr-Eos S. G.	64	54	84.4	34	31	91.2	31
Cymmer S. M.	71	60	84.5	46	39	84.8	39
Ferndale S. B.	78	57	73.1	44	31	70.5	31
Ferndale S. G.	69	57	82.6	40	34	85.0	34
Ferndale Grammar	65	61	93.8	45	31	68.9	31
Hendrefadog S. M.	88	70	79.5	56	38	67.9	38
Islwyn S. B.	47	34	72.3	27	21	77.8	21
Llwynceilyn S. M.	52	31	59.6	21	15	71.4	15
Pentre Grammar	85	74	87.1	64	37	57.8	37
Porth County Boys	113	73	64.6	60	43	71.7	43
Porth County Girls	118	107	90.7	97	80	82.5	80
Porth Grammar Tech	125	93	74.4	78	59	75.6	59
Tonypandy Grammar	142	98	69.0	92	57	62.0	57
Tonypandy R. C.	9	6	66.7	6	6	100.0	6
Trealaw S. M.	51	36	70.6	32	23	71.9	23
Ynyshir S. G.	25	22	88.0	16	13	81.3	13
Upper Rhondda Sec.	246	186	75.6	124	94	75.8	94
The Training Centre	6	6	100.0	3	1	33.3	1
Total:	1682	1317	78.3	1038	782	75.3	781

7. Ascertainment and Placement of Handicapped Pupils.

One of the more important functions of the School Health Service is the detection and ascertainment of children who have a handicap which will prevent them from benefitting fully from a normal educational programme. The various categories of handicap dealt with are listed in Table VI in the Appendix to this report.

Some handicaps (e.g. severe physical handicap, severe blindness, or deafness) become obvious at birth or soon afterwards. Children with this type of handicap are usually reported by the Health visitor or by the hospital consultant. A list of these children is prepared by the Health Department so that appropriate steps in arranging for their future education can be taken when the time is suitable. Other handicaps may not become apparent until the child has commenced school, and occasionally are noticed for the first time only when the child has reached the secondary school stage.

Obviously, the sooner a handicap is recognized, the earlier the proper arrangements can be made for the child's educational placement. Routine medical examination of school entrants together with special screening tests performed at certain ages reveal the vast majority of handicaps. However, there are some cases, particularly those of educational subnormality and maladjustment, which are noticed for the first time by the teacher and may not become really obvious until the child has proceeded some distance along the educational road.

As better methods of educating handicapped children are developed, the job of ascertaining these pupils and arranging for their correct placement becomes even more important. It is a task which cannot be undertaken lightly. Although several children may have a similar handicap, the best placement for each child may well be different. Apart from the extent of the handicap other factors such as home conditions and emotional state of the child have to be taken into account. It should be the aim of the school medical officer and education department to provide each handicapped child with the best form of education suitable for that particular child.

The provision of special educational facilities for handicapped children by a Local Authority depends to a large extent on the numbers of children for which the Authority is responsible in each category of handicap. With a relatively common handicap such as educational subnormality it is quite feasible for a smaller Authority to provide a special school to accommodate those children in need of such special education. With handicaps such as blindness and severe "physical handicap" only a larger Authority or collection of Authorities would contain sufficient numbers of afflicted children to make the provision of a special school a reasonable proposition. In the case of epilepsy, there is only a handful of special schools in the whole country. However, the majority of children with this particular handicap are able to attend ordinary school provided that their epileptic state is well controlled.

Within the Borough of Rhondda, provision is made for special education of partially-hearing children in the form of a Unit at Llwynypia Junior Mixed School. The Unit caters for children in the age-groups 8-12 who suffer with this handicap. Certain educationally subnormal children are catered for by the provision of remedial classes in certain schools but owing to the present shortage of suitably qualified teachers, this form of special education can only be given on a part-time basis. An adjustment Class, situated at Court House Clinic, Tonypany, provides full-time education for a number of maladjusted children whilst at Tonypany Infants' School there is an Observation Class where children of borderline educability can be observed and assessed over a period before deciding on their final placement.

Apart from the instances mentioned in the preceding paragraph all other children in the Borough who are ascertained as handicapped have the alternative of special Boarding-school education (either full-time or from Mondays-to-Fridays with weekends spent at home) or no special provision in order for them to obtain education in surroundings designed to alleviate their handicap. In many cases, this situation cannot be avoided as numbers of children in certain categories of handicap are insufficient to make special educational provision within the Borough a worthwhile proposition. Furthermore, it is occasionally advantageous for a particular child with a handicap to receive Boarding-school education.

Some of the difficulties experienced by the School Health Service in the placement of handicapped pupils, particularly educationally and mentally subnormal children, could well be alleviated by a change in public attitude towards these handicaps. There is a natural desire among parents of handicapped pupils for their children to be regarded as "not different" to other children. Although many such parents appreciate that there are difficulties in educating handicapped children in an ordinary school, both from the point of view of the teacher and the child, nevertheless they wish to "conform" and hold their head up with the neighbours. To some parents it is an embarrassment for their child to attend a "special" school even though such a measure may be in the child's best interests.

Fortunately, in most cases, the barrier can be broken down by gentle persuasion and logical discussion. However, a more sympathetic public outlook especially on the subjects of mental backwardness and deafness, which I am glad to say is slowly, very slowly developing, would ultimately help to make the handicapped child a more useful person to the community than he has been allowed to be hitherto.

New developments in the field of educational psychology have helped over the past few years to take some of the burden of ascertainment and placement of educationally subnormal children off the shoulders of the School Health Service. Nowadays, in Rhondda, most cases of educational subnormality among school children are discussed jointly by a medical member of my staff together with the Educational Psychologist. This means that each case is considered from both the medical and educational points of view and a more accurate placement of the child can be achieved. I am grateful to the help given during 1965 by Mr. K. Mascetti, Educational Psychologist.

It is to be hoped that future educational programmes in the Borough will continue to take into account improvements in meeting the needs of handicapped pupils of all categories.

Children found to have physical defects which merited some special recommendation as to education were examined with a view to classification as handicapped pupils and during the year 2 partially-sighted, 1 maladjusted, and 8 educationally subnormal pupils were so classified and referred for special educational treatment at boarding schools.

8. Child Guidance Clinic

The fortnightly Child Guidance Clinic held at Court House Clinic continued to be manned by Dr. K. W. Aron, Consultant Psychiatrist. Mr. Birch, the Educational Psychologist, held his Clinic at Court House at weekly intervals, until being succeeded in this area by Mr. K. Mascetti.

During 1965, 32 new cases were seen at the Court House Clinic.

9. Hospitalised Accidents in Childhood.

As from the 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health Visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for the four previous years.

TABLE IX

Table showing age and sex distribution of hospitalised accidents.

Age Group Years	Male					Female					Total				
	1961	1962	1963	1964	1965	1961	1962	1963	1964	1965	1961	1962	1963	1964	1965
0 - 4	2	-	7	-	-	1	-	2	-	3	3	-	9	-	3
5 - 9	24	9	46	45	25	12	3	27	28	19	36	12	73	73	44
10 - 14	31	12	37	27	10	11	10	14	17	9	42	22	51	44	19
15 - 19	18	25	14	9	11	9	16	5	7	3	27	41	19	16	14
All ages	75	46	104	81	46	33	29	48	52	34	108	75	152	133	80

TABLE X

Table showing distribution of accidents by day of occurrence.

Day of Week	No. of Accidents.				
	1961	1962	1963	1964	1965
Monday	14	7	18	22	12
Tuesday	19	8	26	25	9
Wednesday	10	12	18	15	11
Thursday	21	6	26	21	8
Friday	18	13	18	20	11
Saturday	12	15	28	19	15
Sunday	14	14	18	11	14
Total:	108	75	152	133	80

TABLE XI

Table showing distribution of hospitalised accidents by place of occurrence.

A. Accident at home - 51

(1) Inside

a. Basement	-
b. ground floor	39
c. upper floor	2

(2) Outside (Garden, etc.)

a. rear	5
b. front	5

The injuries sustained fall into the following groups:-

a. Falls	16
b. Burns and Scalds	9
c. Others	26

B. Accidents outside home - 29

(1) In the roadway - 6, of which 6 were due to falls.

(2) Vehicular injuries - 6, of these the association vehicle is shown below.

a. Pedal cycle	2	d. Bus	-
b. Motor cycle	1	e. Goods Vehicle	-
c. Car	3		

(3) Playground Injuries 17

TABLE XI (CONT)

The nature of injury is shown below with comparative data for
1961, 1962, 1963 and 1964.

Nature of Injury	No. affected				
	1961	1962	1963	1964	1965
Concussion	-	-	-	-	4
Fracture	56	21	34	27	9
Dislocation and Sprain	8	5	12	23	14
Internal Injury	4	9	15	14	1
Wounds and Lacerations	37	39	86	63	45
Foreign Bodies	3	1	5	6	7
Total:	108	75	152	133	80

STATISTICAL APPENDIX

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups:

Entrants	358
Second Age Group	-
Third Age Group	-
Total:	<u>358</u>

Number of other Periodic Inspections	-
Grand Total:	<u>358</u>

B. OTHER INSPECTIONS

Number of Special Inspections	3,163
Number of Re-Inspections	<u>1,581</u>
	<u>4,744</u>

C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (Excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in TABLE III (3)	Total Individual Pupils (4)
Entrants	-	30	30
Second Age Group	-	-	-
Third Age Group	-	-	-
Total:	-	30	30
Additional Periodic Inspection	-	-	-
Grand Total:	-	30	30

TABLE I (CONTD.)

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory.	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	358	356	99.44	2	0.56
Second Age Group	-	-	-	-	-
Third Age Group	-	-	-	-	-
Total:	358	356	99.44	2	0.56

TABLE II

INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	29,644
(ii)	Total number of individual pupils found to be infested	274
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	-
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	-

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Requiring Treatment (2)	Requiring Observation (3)	Requiring Treatment (4)	Requiring Observation (5)
Skin	2	14	1	1
Eyes				
a. Vision	-	5	4	10
b. Squint	2	13	-	1
c. Other	2	4	-	4
Ears				
a. Hearing	1	8	1	25
b. Otitis Media	-	7	1	15
c. Other	-	1	-	6
Nose or Throat	2	52	8	18
Speech	1	10	1	6
Lymphatic Glands	-	11	-	-
Heart	-	30	-	6
Lungs	-	17	-	7
Development				
a. Hernia	1	-	-	-
b. Other	1	4	-	1
Orthopaedic				
a. Posture	-	9	-	-
b. Feet	14	29	6	4
c. Other	1	5	1	2
Nervous System				
a. Epilepsy	1	5	-	2
b. Other	-	3	-	3
Psychological				
a. Development	-	3	-	3
b. Stability	-	3	-	-
Abdomen	-	-	-	1
Other	2	5	2	3

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS

GROUP 1 - EYE DISEASES, DEFECTIVE VISION & SQUINT	
	Number of Cases known to have been treated
External and other, excluding errors of refraction and squint	
Errors of refraction (including squint)	1,648
Total:	1,648
Number of pupils for whom spectacles were prescribed	592
GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT	
	Number of Cases known to have been treated
Received operative treatment	
(a) for disease of the ear	-
(b) for adenoids and chronic tonsillitis	80
(c) for other nose and throat conditions	-
Received other forms of treatment	74
	154
GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS	
	Number of Cases known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	Not Known.

GROUP 4 - CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

	Number of Cases known to have been treated
Pupils treated	
(a) Under Child Guidance Arrangements	32
(b) Under Speech Therapy Arrangements	-
Total:	32

GROUP 5 - OTHER TREATMENT GIVEN

	Number of Cases known to have been treated
(a) Miscellaneous minor ailments	19
(b) Other	
1. Genito Urinary System	93
2. Digestive System	80
3. Infections	28
4. Epilepsy	25
5. Other Medical Conditions	222
6. Accidents	38
7. Minor Surgical Conditions	15
Total:	520

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY.

A. ATTENDANCES AND TREATMENT

	<u>Ages</u> <u>5 to 9</u>	<u>Ages</u> <u>10 to 14</u>	<u>Ages</u> <u>15 and</u> <u>Over</u>	<u>Total</u>
First visit	1,588	508	73	2,169
Subsequent visits	1,589	1,313	92	2,994
Total Visits	3,177	1,821	165	5,163
Additional courses of treatment commenced	56	34	-	90
Fillings in permanent teeth	548	1,662	134	2,344
Fillings in deciduous teeth	1,384	166	-	1,550
Permanent teeth filled	498	1,408	112	2,018
Deciduous teeth filled	1,198	159	-	1,357
Permanent teeth extracted	154	604	84	842
Deciduous teeth extracted	1,181	356	-	1,537
General anaesthetics	841	274	33	1,148
Emergencies	99	27	8	134

Number of Pupils X-rayed	51
Prophylaxis	276
Teeth otherwise conserved	253
Number of teeth root filled	15
Inlays	-
Crowns	3
Courses of treatment completed	910

B. ORTHODONTICS

Cases remaining from previous year	10
New cases commenced during year	53
Cases completed during year	16
Cases discontinued during year	10
No. of removable appliances fitted	50
No. of fixed appliances fitted	-
Pupils referred to Hospital	
Consultant	-

C. PROSTHETICS

	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 & over</u>	<u>Total</u>
Pupils supplied with F.U. or F.L. (first time).	-	3	-	3
Pupils supplied with other dentures (first time)	-	6	4	10
Number of dentures supplied	-	10	4	14

D. ANAESTHETICS General Anaesthetics administered by:

- (i) Dental Officers 98
- (ii) Medical Officers 1,050

TABLE V (CONT.)

E. INSPECTIONS

(a) First inspection at school. Number of Pupils	534
(b) First inspection at clinic. Number of Pupils	1,379
Number of (a) + (b) found to require treatment	1,740
Number of (a) + (b) offered treatment	1,477
(c) Pupils re-inspected at school clinic	142
Number of (c) found to require treatment	119

<u>F. SESSIONS</u>	Sessions devoted to treatment	907
	Sessions devoted to inspection	76
	Sessions devoted to Dental Health Education	20

TABLE VI

**HANDICAPPED PUPILS NEEDING SPECIAL EDUCATIONAL TREATMENT
AT SPECIAL SCHOOLS OR BOARDING HOMES.**

Category of Handicap	Ascertained during year	Placed during year	No. at Special Schools or Boarding Homes in Jan. 1966.	No awaiting places at special schools or Boarding Homes.
A. Blind	-	1	6	-
B. Partially Sighted	2	2	8	-
C. Deaf	-	-	4	-
D. Partially Hearing	-	-	2	-
E. Physically Handicapped	6	4	11	5
F. Delicate	-	-	2	-
G. Maladjusted	1	3	3	2
H. Educationally Subnormal	8	6	19	13*
I. Epileptic	-	-	1	-
J. Speech Defects	-	-	-	-
Total:	17	16	56	20

* includes 5 children aged 14+

